CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

COUNTERPART

C&DW WHITEHALL LABORATORIES PHARMACIST BRIEFING

16 December 1995

Scherer challenges temazepam ban

Council steps closer to standards tribunal

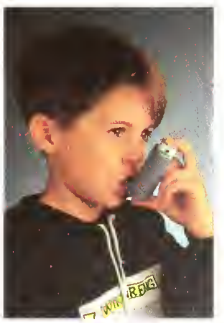
No immediate plans for bar code scripts

Betaferon launched for multiple sclerosis

Business survey shows squeezed margins

BCM buys Croda cosmetics in Europe

Update: how audit can help inhaler use



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1. Data on file.
2. Henningfield JE. Nicotine medications for smoking cessation. N Eng J Med, 1995, Vol 333, No 18, 1196-1203.

Just over a quarter of pharmacy businesses have been approached by a potential buyer in the last quarter, according the latest *C&D* business trends survey (p895). Given the pessimism expressed for prospects elsewhere in the survey, this is perhaps a surprisingly high figure. The survey does not indicate who is seeking to buy, but the monthly changes to the RPSGB's Register of Premises point at the likes of Moss, Tesco and Boots. The front-runner in recent months has been Superdrug, which looks to be making good its promise to be operating 40 pharmacies by the year end (*C&D* April 22).

It has been apparent throughout the year that while the number of community pharmacies in Great Britain has remained static at around 12,000, multiples are continuing to make steady inroads into the independent sector. The consequential move towards community pharmacy being an employee profession is not an issue that has been widely addressed yet, but its effects are beginning to be felt. Employers have commented recently on the difficulty of attracting managers of suitable quality. It may have a significant impact on the way pharmaceutical care is delivered, on the way PSNC approaches the Department of Health, and LPCs deal with their health authorities. It is an issue the Society's 'Pharmacy in a New Age' initiative must address.

Community pharmacy has considerable opportunities to expand its influence in primary care in the years ahead. To make the best of these opportunities, both independents and multiples need to recognise their mutual interests, and that might be the most difficult challenge. If pharmacy is to retain its strong position as a healthcare provider, it needs to work to a strong agenda. It is to be hoped the profession's leaders, both commercial and professional, can deliver in 1996.

CHEMIST & DRUGGIST

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REGULARS

Scherer gets leave for temazepam judicial review

R P Scherer, which stands to lose millions of pounds because of the Government's ban on NHS prescribing of temazepam capsules, has won the right to a full High Court review of its case.

Health secretary Stephen Dorrell announced in October that temazepam capsules would no longer be available on the NHS because of dangers posed to intravenous drug users who abuse it.

But the decision was a blow to R P Scherer, which controls 67 per cent of the UK temazepam capsule market, almost all of which is prescribed on the NHS. The company will lose $2 million of its $35m annual turnover as a result. It is now mounting a legal challenge to the ban, which it claims is "disproportionate and discriminatory".

Last Tuesday, Justice Dyson told London's High Court that the company's complaints were "arguable", opening the way for a full judicial review.

Scherer argues that Mr Dorrell had no power to stop NHS prescribing of temazepam capsules because of their abuse by a small number of people. He also failed to give "objective or verifiable" reasons for his decision, which Scherer claims "unfair" without adequate consultation.

Justice Dyson ordered an "expedited" hearing of the case, but the full hearing is unlikely to be before March next year.

The Pharmaceutical Services Negotiating Committee is expecting to hear from the Department of Health to clarify whether the ban proceeds as scheduled on January 1, 1996.

Bar code script trial shows promise

An electronic prescribing system which does not retain the paper FP10 form is unlikely to be introduced within the short- or medium-term, the Department of Health has concluded.

Its portable data file (PDF) 417 trial found that transmitting prescription data electronically would be feasible, but the DoH has no immediate plans to ask GPs to transmit data to pharmacists or for pharmacists to handle prescriptions electronically.

The Department says that before there could be any extension into a paperless electronic system a convincing business case would be required.

Of the 15,126 bar coded prescriptions scanned during the two-month trial 2.7 per cent had errors and 2 per cent of these were due to read failure, where the bar code was damaged.

Counterpart continues

Indigestion is the seventh module in the *C&D*/Whitehall Cambridge Counterpart pharmacy assistants training programme. The briefing on the module, which will be inserted in next week's issue, appears on p893-894.

Extra copies of modules are available from the Whitehall Laboratories' sales force, or by phoning Tracy Mathews or Charlotte Batchelor on 0181 747 8797.

To register assistants for telephone marking, contact Sue Cheeseman on 01732 364422 ext 2462. There is an administration fee of $12.50 (plus $2.19 VAT).

RPSGB plans standards tribunal

The Royal Pharmaceutical Society's Council has moved a step closer to a pharmacy standards tribunal.

Last week, members approved a proposed addition to the Society's Byelaws which would allow the tribunal to be set up. Pharmacists will be able to comment before the Byelaw is submitted to the Privy Council for approval.

The tribunal would inquire into allegations of failure to meet specified professional standards, but not allegations of legal infringements. The allegations would be referred by Council.

The tribunal would consist of a lawyer, as chairman, and two pharmacists chosen from panels established by Council. The Council would have power to prepare detailed rules of procedure for the conduct of inquiries.

After a hearing, the tribunal would make a recommendation to Council about the member concerned and might also recommend what action that person should take. The tribunal would be able to recommend that the member should pay up to $1,000 to reimburse the Society's costs. Similarly, if the tribunal felt Council should not have referred the matter, it could recommend reimbursing the member's costs up to $1,000.

Council could adopt a different course of action from that recommended, provided it was no more severe. If a member failed to comply within a given time, Council could either refer back to the tribunal or complain to the Statutory Committee.

The proposed Byelaw also includes a provision for appeals against a tribunal's decision.

Hearings would be in private and Council would decide whether the tribunal's recommendations were made public. During the Council debate, there was concern about the accountability of employee pharmacists.

Counterfeit report branded a 'scam'

The British Association of Pharmaceutical Wholesalers has branded last week's 'Cook Report' "a scam". The Central Television programme claimed the UK was awash with counterfeit medicines.

Michael Watts, BAPW's executive director, says: "There is no evidence of such a product entering the country. It was just a scam set up to show the possibilities."

He assured pharmacists that his members bought from reputable sources, which, coupled with Medicines Control Agency checks, "have been very successful in keeping these products out of the country".

The Association of British Pharmaceutical Industry's Richard Ley adds: "We take all reasonable steps to co-operate with relevant authorities to combat the illegal trade in medicines."

● "Not many" pharmacists called the MCA investigations office with doubts about stock, says the MCA's chief enforcement officer, Norman Greenaway.

LPC in dark over script charter

South Birmingham Community Health Council has adopted a charter aimed at cutting prescription costs for patients without consulting the local pharmaceutical committee.

The LPC was surprised to hear of the CHC's announcement and was waiting to see if it would actually press ahead.

The CHC has adopted a charter for change, entitled 'Pricing prescriptions as though patients mattered'. It includes the following aims:

- to recommend the LPC encourages pharmacists to substitute a private sale (of a GSL or P category drug) for an NHS transaction where this is cheaper
- to call upon the Government to legitimise the action of any pharmacist who treats an NHS prescription as a private prescription where this is to the advantage of the patient
- to urge the LPC to recommend a locally determined dispensing charge for items.

Lothian pharmacy advisory service

Over 80 per cent of elderly patients would appreciate a pharmacy advisory service, reveals a Lothian pilot study.

Carole MacBride, a West Calder community pharmacist, has been analysing patients' views in a six-month study funded with $4,700 from the Primary Care Development Fund.

The project looked at 50 elderly patients who were taking five or more medicines.

Superdrug continues to make in-roads

November saw Superdrug commence trading from premises in Bedford, Altrincham, Birkenhead, Bootle, Wembley, Stratford-upon-Avon and Swansea, among other places. The company also bought three independents, according to the monthly amendments to the Royal Pharmaceutical Society's Register of Premises.

Boots opened eight new stores and bought one independent. Lloyds opened three new pharmacies, all on surgery sites. Moss bought two more pharmacies and acquired three contracts to move into Asda stores.

In England, 47 pharmacies opened in November and 14 closed. Wales saw three openings and Scotland four. The net gain to the Register was 41.

The great drinking debate: safe drinking limits rose his week (see p885)

Latest flu figures

The latest flu figures for the week ending December 3 show a clinical incidence of 178 cases per 100,000 population, a rise from 138 cases per 100,000. The Royal College of General Practitioners says the country is just reaching a "moderate epidemic".

Society concern over 'Euro' script

The Royal Pharmaceutical Society has written to the Department of Health expressing its concern over a possible cross-border European prescription.

The Society's secretary and registrar, John Ferguson, says: "Our experience of enforcement of parts of the Medicines Act is that with private prescriptions pharmacists have problems in determining their authenticity. This difficulty is multiplied many times over if it's from another country." The Society hopes to contribute to the EC report.

RPSGB COUNCIL REPORT

The Royal Pharmaceutical Society's Council has rejected a proposal that it should set up a group to advise on a compensation scheme for small pharmacies forced to close.

The proposal was made following the Department of Health's refusal to consider a compensation scheme (*C&D* November 18, p723). Alan Nathan pointed out that the Department had no intention of changing its mind, so the only possible source of income was the membership. David Sharpe agreed that funds would not be available and he did not believe a voluntary scheme would be viable.

The proposal was defeated after other members thought that the Society's money could be better used elsewhere.

Patient packs from January 1 The Department of Health hopes to introduce changes to community pharmacists' Terms of Service from January 1, 1996, to allow patient pack dispensing for the first phase of products available in such packs. Concern was expressed about implementing changes from that date in the absence of definitive information from the Department, such as details of patient packs in the first phase.

Local devolution Council agreed that the Society should accept an invitation to discuss with the Department possible services for devolution in 1996-97 and professional standards for these services.

The Community Pharmacists Group Committee heard that the PSNC was not prepared to pursue new roles until the Department agreed to additional funding. While sympathising with PSNC's views, the Committee felt that the Society should take the lead in developing professional practice standards for local services.

Better communication Council agreed that a letter be sent to the Department of Health chief pharmacist, suggesting ways of improving the means by which the Department and Committee on Safety of Medicines communicate decisions to pharmacists.

CRCs for liquids Council agreed to approach the Association of the British Pharmaceutical Industry with the aim of encouraging manufacturers to speed up the move to packing liquid medicines in child-resistant containers.

Temazepam Council agreed that urgent representations be made to the Home Office regarding the storage of temazepam gel-filled capsules, which were shortly to become CD. The Home Office would be asked for suitable exemptions from the storage requirements when the capsules were dispensed into monitored dosage cassettes and kept in pharmacies or residential homes. Otherwise the Society would urge the police to recognise the problems involved and not take unreasonable enforcement action.

Student numbers There has been a significant increase in intake into pharmacy schools. The number of first-year entrants from the home countries in 1995 was over 100 more than in 1991.

Prescription charges The Practice Committee agreed that a paper should be prepared on various ways in which a prescription charge review might be undertaken.

Rural pharmacy Council agreed that the Society should respond to the Government's recent White Paper on rural England, welcoming the reference to the importance of community pharmacies in rural areas.

Superintendents' fees An amendment to the Byelaws is to be drafted so that all superintendent pharmacists would pay a full retention fee.

Prereg recruitment Council agreed to take action to improve compliance by employers with the code of practice for preregistration recruitment. Following complaints about non-compliance this autumn. In particular, students had had pressure put on them to accept hospital job offers on the day of the interview.

Veterinary PIs

Arrangements are being finalised for the authorising of parallel imports of veterinary medicines to bring them into line with human medicines. The legislation is due to come into effect on January 1, 1996, but it is anticipated that the changes will not go ahead until April.

NI stats

Some 1,601,172 prescriptions were dispensed in Northern Ireland in September at a net ingredient cost of £13,745,302.62 and £8.5845 per prescription.

MAL8 this week

The Medicines Control Agency was expecting to issue its MAL8, 'A guide to deciding what is a medicinal product', this week. The guidance is intended to clarify the MCA's policy and practice on borderline products, such as nutritional supplements, and help define what it considers as medicinal products.

NHS Tribunal

Regulations coming into effect on December 21 give the NHS Tribunal power to suspend doctors, pharmacists, dentists and ophthalmic medical practitioners and opticians. But at present the NHS (Service Committees and Tribunal) Amendment Regulations 1995 (SI No 3091; HMSO, £1.95) only allow for doctors or dentists to be suspended from an NHS practice pending an oral hearing or appeal.

Nebuliser booklet

The National Asthma Training Centre and Medic-Aid have compiled a patient information booklet about nebuliser therapy. The booklet is free, but there will be a charge for postage. For further details contact: Customer Services, Medic-Aid Ltd, Hook Lane, Pagham, Chichester, West Sussex PO21 3PP.

Labour embraces bill

The Labour Party is to take a constructive approach to the Government's Health Service Commissioner's Bill, which will give the ombudsman power to investigate complaints against pharmacists. Speaking in the second reading debate on December 12, shadow health minister Henry McLeish said Labour "embraced" the bill, although it needed some fine tuning. Gerald Malone, the health minister, said the need for the bill had been proved "beyond any doubt".

Topical Reflections

Supplying a vision of the future

Last week, both Frank Judge (*C&D* Letters, December 9) and American pharmacy consultant Tony de Nicola independently highlighted a problem of community pharmacy practice that affects pharmacists on both sides of the Atlantic.

They both recognised the decreasing significance of the supply function in pharmaceutical practice, while the increasing care element continues to grow without any method of structured payment.

In the US, Tony de Nicola concluded that this would produce continued attrition in the number of independent community pharmacies, while Frank Judge regretted that highly-trained pharmacists are being forced to concentrate on front shop activities when they should be fully-employed and practising similarly to other primary healthcare professionals.

I cannot answer for the problems of American pharmacists, despite empathising with their predicament, but I do believe that Mr Judge's Utopia is not only unobtainable but undesirable. I am confident in the future of community pharmacy because I can see no contradiction in highly-trained graduates having to expend some of their talents in developing front shop activities.

I also believe that the present distribution of accessible community pharmacies is a health resource that is recognised by the Government and that any future changes to our remuneration will take account of the effect on this distribution.

One of community pharmacy's greatest strengths is the ability to interact with our clients on their terms, and this strength is born of having to fight for survival in the market place. Salary payments to pharmacists for purely professional duties would remove this commercial incentive and rapidly produce a complacent profession unresponsive to the needs of the client.

We are presently underpaid by a mixture of supply and professional payments, with the incentive of extra money if we can compete for extra-contractual services in a market-led NHS. That system will not change in the foreseeable future and, although the cavalier attitude of the Department of Health is resented, hard lessons are being learnt. I believe that local pharmaceutical committees will soon be employing professional negotiators to represent the interests of all contractors in making bids to commissioning agencies.

We will all then have the opportunity of participating in properly remunerated extra professional services, with a balance of professional and commercial satisfaction available to all. That is my vision for the future.

Counting the cost of CD changes

I was delighted to read that the Department of Health has agreed to contribute towards the costs of upgrading Controlled Drug facilities (*C&D* December 9, p834). We have still not been told how this money is to be distributed, but if, as in my case, I need a larger CD cabinet because the old one is now full, nothing short of full reimbursement would be acceptable. As far as I am concerned, the Department can have the old cabinet back to prove the point!

The principle of reimbursement of the costs necessarily incurred by changes to legislation or

Terms of Service has always been a thorny issue and the Department has been less than generous with pharmacists by comparison with the treatment meted out our medical colleagues.

Computerisation is a prime example where medical practices receive financial incentives but where pharmacy has received nothing other than grateful thanks.

It is now a requirement to maintain patient medication records and produce mechanically-printed labels and, whereas I know it is physically possible to do this without computers, it can no longer be good professional practice.

Family health services authorities are rightly concerned about improving pharmacy standards, but they will be unable to achieve any real progress until they are allowed to apply to pharmacy the carrot and stick approach that has been so successful for GPs. There are now many areas of development where standards could be rapidly improved but where the costs involved are onerous.

An acceptance by the DoH that these costs should at least be shared could enable health authorities to become active in achieving those improvements.

GHP agrees pay deal

The Guild of Hospital Pharmacists has agreed a two-tier pay deal for the current financial year.

Both tiers will comprise two elements: a national scale and a locally negotiated pay portion. However, the amount agreed for the national scale will differ depending on where the pharmacist works. Overall, London allowances also rise by 3 per cent.

For Trust employees, the national scale increase is 1 per cent, with a locally negotiated component. The average is a further 2 per cent, says the Guild's secretary general, Patrick Canavan.

Commitment has been agreed for local bargaining to continue, with next year's pay negotiation averaging out this year's locally agreed scales and adjusting those that fall short.

Recognising that non-Trust pharmacists have had no capacity to be involved in local negotiation, a deal has been reached whereby their increase is 2.5 per cent, with the opportunity for extra to be negotiated locally.

Mr Canavan is pleased with the deal, which will be backdated to April. "We think the deal has found a way through the difficulties of local bargaining, while retaining a national salary scale."

Gloucester GPs block pharmacy move

Gloucestershire dispensing doctors have blocked the opening of a new pharmacy in the village of Bussage.

The action is the latest in a campaign against the opening of a pharmacy in the village of Chalford Hill, less than one mile away. The pharmacy, owned by Stephen Smith, successfully applied to relocate to Bussage in a building in the same parade as Drs Crouch & Partners' practice. However, the doctors have managed to block the move with a clause in the lease which prevents anyone dispensing from the area.

"We were due to have moved in last month, but now the earliest we can move is next August," says Mr Smith.

As the pharmacy has yet to relocate, it is still operating in Chalford Hill and affecting the same two GP surgeries: Dr Crouch & Partners and Dr Bodham-Whettham & Partners. As of December 12, both practices lost their right to dispense for patients living within one mile of the pharmacy.

The controversial situation has been the subject of a subsequently dropped judicial review and a petition to the prime minister, John Major.

Tariff changes

To accommodate the introduction of patient packs, the following Part VIII entries have been reclassified as category D, effective for December prescriptions: Dexamethasone tablets 500mcg and 2mg, nicotinic acid tablets 50mg, prednisolone tablets 1mg and 5mg, and prednisolone tablets (e/c) 2.5mg and 5mg. In the absence of an endorsement (supplier and/or pack size), the price listed in the Drug Tariff will apply. Because of supply difficulties, erythromycin tablets 500mg also move to category D. The following patient packs have been added as category C, again effective for December prescriptions: Gemfibrozil capsules 300mg, 112 (based on Lopid 300); misoprostol tablets 200mcg, 112 (based on Cytotec); prednisolone tablets 2.5mg (e/c), 56 (based on Delta cortril, but currently category D, see above); and sucralfate tablets 1g, 112 (based on Antepsin).)

Cot death theory flawed

The theory that fire retardants in babies' PVC mattresses are a cause of cot death has been disproved by a study in *The Lancet*. Last year, Central Television's 'Cook Report' suggested that toxic gases produced from a reaction between fungi on plastic covers and fire retardants in the cover material was a cause of cot deaths. *The Lancet* authors say their findings do not support the hypothesis.

Dorrell ups drinking limits

The Government is set to increase 'safe drinking limits' and to declare that alcohol can be good for the heart. The new guidelines allow men up to 28 units of alcohol a week compared with the current recommendation of 21. For women, levels are to be increased from 14 units to 21.

Hyperactivity link

Many hyperactive children are deficient in essential fatty acids, such as evening primrose oil, according to new research published in the *America Journal of Clinical Nutrition*. A new study from the Department of Food and Nutrition at Purdue University compared 52 hyperactive children and controls and found that 40 per cent of the hyperactives were EFA deficient.

Betaferon licensed for MS

Betaferon (interferon beta Ib) is a new agent from Schering Health Care licensed for the treatment of patients with relapsing-remitting multiple sclerosis.

This form of the disease is characterised by intermittent exacerbations or relapses, followed by periods of recovery. Betaferon is indicated for the reduction of frequency and degree of severity of clinical relapses in ambulatory patients, characterised by at least two attacks of neurological dysfunction over the preceding two-year period, followed by complete or incomplete recovery.

A genetically-modified beta interferon, Betaferon is thought to modify the activities of the immune system, which is known to be overactive in patients with MS. Clinical trials have demonstrated that patients receiving the drug showed a reduction in frequency (30 per cent) and severity of clinical relapses, as well as a reduction in the number of hospitalisations. The relapse-free interval was also prolonged.

However, not all patients respond to Betaferon and some showed a deterioration despite treatment.

Betaferon is administered by subcutaneous injection and the recommended dose is 8MIU every other day. The optimal dose is not known. The most common side-effects, particularly in the first three to six months, are flu-like symptoms, such as mild chills and fever, and skin reactions at the site of injection. The incidence rate of side-effects decreases with time.

It is supplied in monthly packs consisting of 15 x 3ml Betaferon vials and 15 x 3ml vials of sodium chloride solution. Also included are 15 syringes, needles for reconstitution, needles for subcutaneous injection and a supply of alcohol swabs. Every three months, patients are provided with a sharps bin. The basic NHS price for 30 days' supply is £806.20. Betaferon requires cool-chain distribution and refrigerated storage.

To facilitate post-marketing surveillance studies and batch tracking, pharmacists will provide an encoded Patient Treatment Number each time the product is ordered.

Distribution will be to the retail pharmacy chosen by the patient, who effectively 'registers' with that pharmacy. The company suggests that pharmacists prompt patients to request repeat prescriptions from their GP or hospital doctor.

Betaferon qualifies for the expensive prescription allowance and will be classified ZD in the Drug Tariff.

Schering Health Care Ltd. Tel: 01444 232323.

Easier blood glucose monitoring

Boehringer Mannheim UK has launched two new devices designed to improve the quality of life for diabetics by making blood sampling easier.

Softclix is a new device for obtaining finger-tip blood samples, which is said to significantly reduce the pain associated with this procedure. It features six skin-penetration depth settings, which help reduce the risk of painful contact with nerve endings. Unlike conventional devices, the Softclix lancets are activated by a no-spring, non-vibration mechanism.

Softclix costs £12.99 (plus VAT), which includes a supply of 25 lancets. The lancets can be obtained directly from the company in packs of 25 (£1.60 plus VAT) or 200 (£11.95 plus VAT). Neither Softclix nor its lancets are currently available on the Drug Tariff.

● The company has also introduced a new, compact blood glucose meter, which produces an accurate result in 12 seconds from three simple steps. Accutrend Alpha uses non-wipe BM-Accutest strips requiring only a low-volume blood droplet. Vials of BM-Accutest have a batch code specific to the Alpha, which is entered manually into the meter.

Accutrend Alpha, complete with its carrying case, retails at £29.

Boehringer Mannheim UK (Diagnostics & Biochemicals) Ltd. Tel: 01273 480444.

Cutivate joins ranks of topical steroids

Cutivate (fluticasone propionate) is now available in an ointment presentation (0.005 per cent in a base of propylene glycol). It is indicated for moderate to severe eczema/dermatitis and is suitable for adults and children. It should be applied twice daily.

Glaxo says the pharmacokinetics of Cutivate Ointment, such as slow percutaneous absorption, lack of metabolism in the skin and rapid metabolism in the liver to an inactive metabolite, ensure that only very low plasma concentrations are likely to be seen.

Cutivate Ointment comes in two sizes: 15g tube (basic NHS price, £2.35); and 50g tube (£6.95).

Glaxo Pharmaceuticals UK Ltd. Tel: 0181 990 9444.

ACE inhibitor targets post-menopausal women

Schwarz Pharma is to launch an ACE inhibitor aimed at post-menopausal hypertensive women.

Carrying the generic name moexipril, the product has been exclusively researched for use in this class of women. Around three-quarters of hypertensive women are post-menopausal.

A recent study revealed that many clinicians and GPs are confused over the correct management of this sub-group: 20 per cent of GPs believed HRT elevated blood pressure and nearly 40 per cent linked use to deep vein thrombosis.

A study of 110 women conducted by Professor Gareth Beevers of Birmingham City Hospital reveals concomitant HRT use with anti-hypertensive drugs has no effect on blood pressure and there was no need to alter the anti-hypertensives used. The only adverse effect was a slight weight gain.

Results of moexipril studies will be out soon. The company is establishing that it won't interact with HRT, that it is osteoporosis neutral and that it has no adverse effect on tumour growth.

'Ring of confidence' makes a comeback

Colgate-Palmolive is revising its Colgate Bicarbonate of Soda toothpaste with the addition of an improved flavour and new, revitalised packaging.

The new packs now incorporate the once-familiar Colgate 'Ring of Confidence'.

The natural mint flavour has been improved to combat consumers' dislike of many bicarbonate toothpastes, which taste too strongly, the company says.

Colgate Bicarbonate of Soda toothpaste is available in 100ml and 50ml tubes (£1.79 and £0.99 respectively) and in a 100ml stand-up tube (£1.85).

● Colgate says that the bicarbonate of soda sector now accounts for 8 per cent of the total toothpaste market in value terms.

Colgate-Palmolive Ltd. Tel: 01483 302222.

Facing up to softer, stronger Dixcel

Jamont is launching a new line of facial tissues under the Dixcel banner.

Dixcel Soft & Strong are large, softer tissues designed for unisex appeal. Packaged in deep blue, packs contain 100 sheets.

Dixcel Regular Facial Tissues in white and coloured versions feature softer tissues, with 150 sheets per pack. The packaging is meant to co-ordinate with consumers' home furnishings: a warm-toned pack contains alternating pink and orange sheets, while the cool blue and purple pack has bright white tissues.

Dixcel's Orange & Strawberry Cosmetic Tissues feature a 3-D pack shape with hand-painted illustrations of oranges, orange trees and strawberries. Packs contain 90 sheets.

The range is currently being supported with an on-pack offer for free paperbacks. Consumers have to collect two tokens from special promotional packs to qualify for one of eight free novels.

Jamont UK Ltd. Tel: 0181 864 5411.

Vantage warms to winter promos

To help sell-through its own-brand range of cough and cold remedies, Vantage is offering free point of sale material.

Posters and shelf-talkers are available: both encourage patients to refer to the pharmacy counter for assistance.

AAH Pharmaceuticals Ltd. Tel: 01928 717070.

Yule be lucky!

One in five men expect that sex (at the office party) will be part of their Christmas bonus this year – while only 1 per cent of women think it may be on the cards.

These are just some of the results of the 1995 SRA Health Monitor survey, sponsored by Durex.

The most hopeful age group are 18-20-year-olds, with 30 per cent of this group looking on casual sex as part of festivities.

However, only 11 per cent of men always take a condom along with them, while 17 per cent say they do so occasionally. Despite very few women hoping for sex, 9 per cent always or sometimes take condoms to the party.

LRC Products Ltd. Tel: 01992 451111.

Home sweet home for Cow & Gate

Following the success of Mediterranean Vegetable & Lamb Risotto in the Olvarit range, Cow & Gate has decided to run its homemade recipe competition again.

To be launched in the parent care press in January, the closing date for entries is March 31, 1996, with the winner being announced in April.

Cow & Gate Nutricia Ltd. Tel: 01225 768381.

SB flexes its Aquafresh muscles

Smithkline Beecham's Aquafresh Flex 'n' Direct toothbrush will be back on TV in January for a six-week national campaign.

● The company says that Aquafresh responds particularly well to TV advertising, experiencing up to a 30 per cent increase in sales.

Smithkline Beecham Consumer Healthcare. Tel: 0181 560 5151.

Therapeutic moisturisers key to medicated market

According to a new report from Marketline International, the popularity of therapeutic moisturisers has been key to the 39.2 per cent growth seen in the medicated skin care market from 1990-94.

Acne remedies is the largest sector, representing 37.6 per cent of the market, while therapeutic moisturisers account for 30.5 per cent (having grown by a massive 81.3 per cent).

The report, Global Medicated Skincare, costs $995.

Marketline International. Tel: 0171 794 2770.

Anadin Extra gets a further £1m

Following the success of its £2.5 million Anadin Extra advertising campaign, Whitehall is investing a further £1m in the brand.

On screen for another four weeks, the ads are designed to coincide with the increase in demand over the festive period. There are two 30-second executions: one of a wedding and one of a teacher's first day.

The TV push is to be backed up by national press advertising throughout the winter and will appear on the London Underground until the new year.

Whitehall Laboratories Ltd. Tel: 01628 669011.

Christmas Opening Times

Hoechst Roussel and Distriphar will be closed from 5.00pm on December 22 until 8.15am on January 2. Emergency contact number: 01895 834343.

IDIS World Medicines will be closed on the following days over the holiday period: December 22 (from 2.00pm), December 25, December 26 and January 1. The last date for despatching goods is December 21. Tel: 0181 549 1355.

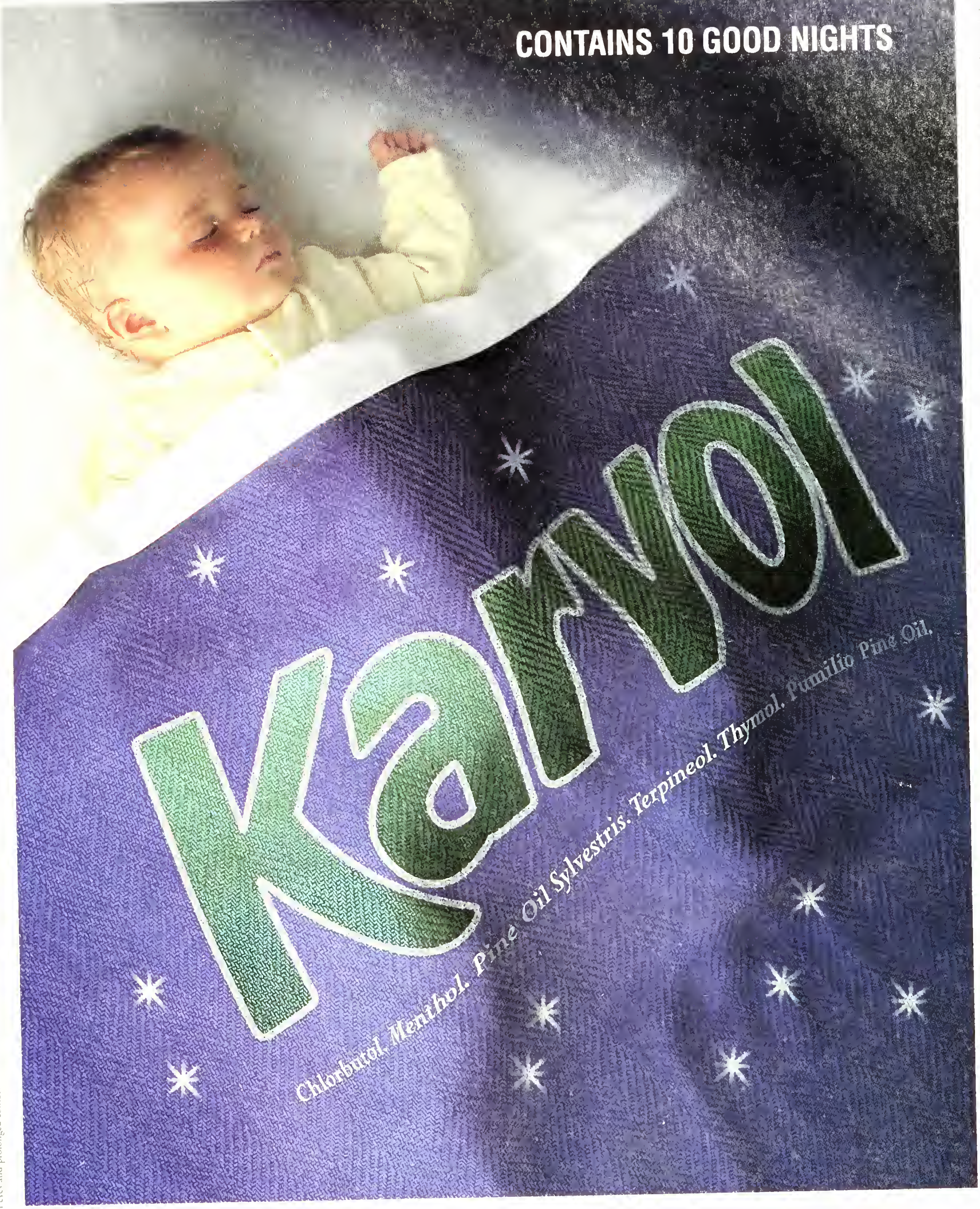
Kent Pharmaceuticals will be closed from 12.00pm on December 22 until 9.00am on December 27. The latest date for receipt of orders for pre-Christmas delivery is 12.00pm, December 20. Freefone (24-hour): 0800 220280. Free fax: 0800 317189.

The offices of the PATA will be closed from 12.00pm on December 22, re-opening on December 27. An answering service will be in operation and will be monitored daily. Tel: 01923 211647.

Polyfarma will be open between Christmas and New Year, but asks retailers to allow an extra couple of days for delivery on any orders placed during this time. Tel: 01329 827927.

Schwarz Pharma will close on December 22 and re-open on January 2. Orders for pre-Christmas delivery must be received by 10.30am, December 18. Tel: 01494 772071.

Smithkline Beecham Pharmaceuticals will take orders until 12.00pm on December 22 and from 9.00am-4.30pm December 27-29 (with next-day delivery being maintained as far as possible). The medical information department (0181 913 4291) will be in operation during the same hours. For emergency orders and urgent medical enquiries, ring 01707 325111. Non-urgent orders can be placed using the answering machine service: 0181 913 4290.



According to a recent trial[1], Karvol means a good night's sleep for children - and their parents.

76% felt their babies' breathing had improved after one hour.

In 78% of the cases, babies' nasal congestion was found to have got better.

97% found Karvol to be acceptable or pleasant.

Add to this the fact that with Karvol there's no need to disturb the child, and you'll see why every capsule of Karvol contains a good night.

Gently does it

For more information on Karvol decongestant capsules, please contact Crookes Healthcare Ltd., PO Box 57, Nottingham NG7 2JJ. **Reference:** 1. Data on file (1994), Crookes Healthcare Limited

PRODUCT INFORMATION Presentation: Gelatin capsules containing ... Pine Oil Sylvestris 9mg. **Uses:** For the symptomatic relief of nasal congestion and colds in the head. **Dosage and Administration:** Adults and children over 3 months: carefully sprinkle the contents onto bedding or material, avoiding the possibility of skin contact. Alternatively, add to a pint of hot water and inhale vapour freely. **Contraindications, Warnings, etc.:** Karvol should not be used by patients who are sensitive to any of the ingredients. Not recommended for children under 3 months of age. Avoid contact with eyes and prolonged contact with the skin. Do not take internally. **Package Quantities:** Packs containing 10 or 20 capsules. **RSP:** Capsules 10s £1.65 Capsules 20s £3.05. **Product Licence No:** PL 0327/5914. **Legal Category:** GSL. Crookes Health...

Thompson distribution

From January 2, Ceuta Healthcare will be the sole distributor of Thompson Medical Company's Aqua Ban, Catarrh-Ex, Bran Slim Tablets, Bran Slim Hot Chocolate and Bran Slim Mediterranean Tomato Soup.
Ceuta Healthcare Ltd. Tel: 01202 780558.

Olbas ads

Olbas Bath is to be featured in a new colour press advertising campaign which will run through January, February and March in the leading daily papers.
Dendron Ltd. Tel: 01923 229251.

Nurses on TV

Smithkline Beecham is promoting its new-look Nurses range in a £2 million TV campaign. The nationwide advertising is on air until February, 1996.
Smithkline Beecham Consumer Healthcare. Tel: 0181 560 5151.

Whitehall presses on

Whitehall Laboratories is currently backing its non-drowsy, sugar-free Robitussin with national press advertising. The £150,000 campaign is rotating around a number of national daily and Sunday newspapers, including the *Mail, Express* and *Mirror.*
Whitehall Laboratories Ltd. Tel: 01628 569011.

Colourcare increase

Colourcare is replacing its 100 ISO film with a new 200 ISO colour print film. Available in 35mm and 110mm formats (24s and 36s), it is packaged in a white carton with blue and crimson 'slashes'. A new point of sale kit is now ready.
3M UK plc. Tel: 01344 858682.

Market opens wide for new Oyster

A new name to the UK toothpaste market is Oyster Laboratories, which is aiming to create a new household brand with its own Oyster Toothpaste.

The company says that it is going to back the new product with full advertising support, as well as promotional and POS material (to include counter display units and posters).

It also pledges to plough back a minimum of 50 per cent of Oyster profits made in 1996 into advertising.

Oyster Toothpaste is available in a mild mint variant with an rsp of $0.59 for 75ml. The company says that it plans to launch a whole range of oral hygiene products next year.
Oyster Laboratories Ltd. Tel: 01204 363655.

Sales at Rimmel

This January, Rimmel is offering consumers the chance to purchase mascara and eye pencils at discounted prices.

Endless Lash Mascara will retail at £1.85 (rrp £2.35); 100% Waterproof and Lash Flatterer Mascara at £1.70 (£2.20); Day to Night Mascara at £1.95 (£2.45); eyebrow and eyeliner pencils at £1.05 (£1.55) and kohl pencil at £1.09 (£1.59).
Rimmel International Ltd. Tel: 01233 625076.

Very mummy

For Mother's Day next year, Yardley is offering a special incentive on its Yardley English Lavender.

A compact, decorated with the famous Yardley flower-seller design, comes free with purchases over £10.

Available in February and March, the range comprises: talcum powder (100g, £3.65 and 200g, £4.95); soap (£1.95) and three soaps (£5.95).
Yardley of London. Tel: 01268 522711.

Laboratoires Garnier makes colour move with Movida

In February, Laboratoires Garnier is introducing the first creme conditioning tone on tone colorant, Movida.

The cream formulation ensures non-drip application and has a quick development of 15 minutes. It does not contain any ammonia and therefore enlivens hair colour, rather than resulting in a radical change. It lasts for four to six weeks.

Priced around £3.99, 12 shades will be available.

● A UK ETCD June, 1995, survey shows that one in five women (aged 11-74) colours her hair using a home hair colorant.
Laboratoires Garnier Ltd. Tel: 0171 937 5454.

Leg up for Pretty Polly's Legacy

Pretty Polly is relaunching Legacy, one of its best-selling ranges, this January.

New packaging has been designed, which retains the clock face now synonymous with the brand.

Supported by a £1.5 million TV campaign, in-store promotion will include specific point of sale linked to the TV ad. A Legacy leaflet will also be available.
Pretty Polly Ltd. Tel: 01623 552500.

ON TV NEXT WEEK

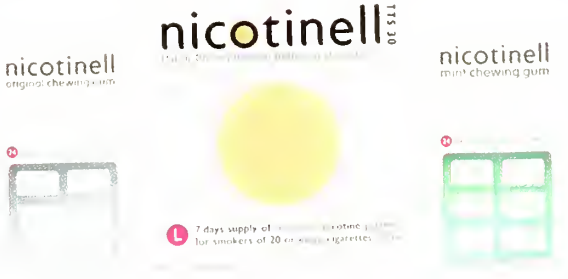
Alka-Seltzer: All areas
Anadin Extra: All areas
Benylin Cough: All areas except STV, GTV, HTV, GMTV
Benylin 4 flu: All areas except STV, HTV, GMTV
Duracell: All areas
Listerine: C, A, M, CAR, C4
Nicotinell Gum: C4
Nurofen Cold & Flu: All areas
Pepcid AC: All areas except U, B, CTV, CAR, GMTV
Remegel: B, G, W,
Rennie: All areas
Seven Seas Cod Liver Oil: C4
Strepsils Dual Action/Strepsils: C4, GMTV, Sat
Tixylix range: All areas except CTV
Vicks Action: All areas
Vicks Ultra Chloraseptic: All areas
Wash & Go: All areas
Wrigley's: All areas

GTV Grampian, **B** Border, **BSkyB** British Sky Broadcasting, **C** Central, **CTV** Channel Islands, **LWT** London Weekend, **C4** Channel 4, **U** Ulster, **G** Granada, **A** Anglia, **CAR** Carlton, GMTV Breakfast Television, **STV** Scotland (central), **Y** Yorkshire, **HTV** Wales & West, **M** Meridian, **TT** Tyne Tees, **W** Westcountry

10,000,000

With this many smokers in Britain wanting to quit, we'll make sure your sales light up.

And how will we hook them? Firstly, by launching a massive £4.5 million ad campaign to teach smokers how Nicotinell patches work. Which means doubts about the relative harm from nicotine should go up in smoke. Secondly, by introducing a brand new, great tasting Nicotinell gum. And thirdly, by helping you to help your customers, with POS material and product information guides. We're already brand leaders with 59% of the patch market, and this new drive will leave the competition fuming. So make sure you're well stocked up with packs of Nicotinell Patches and Nicotinell Gum. You'll be amazed how many you get through.



PRESENTATION Transdermal Therapeutic System containing nicotine, available in three sizes (30, 20 and 10cm²) releasing 21mg, 14mg and 7mg of nicotine respectively over 24 hours Nicotine chewing gum containing 2mg nicotine, in original and mint flavour INDICATION Treatment of nicotine dependence, as an aid to smoking cessation DOSAGE Stop smoking completely when starting treatment PATCH For those smoking more than 20 cigarettes a day, treatment should be started with NICOTINELL TTS 30 once daily Those smoking less should start with NICOTINELL TTS 20 once daily Sizes 30, 20 and 10cm² permit gradual withdrawal of nicotine replacement, using treatment periods of 3-4 weeks with each size Doses above 30cm² have not been evaluated The treatment is designed to be used continuously for three months, but not beyond However, if still smoking at the end of the three month period, further treatment may be recommended following a re-evaluation of the patient's motivation GUM One piece of gum to be chewed when the user feels the urge to smoke Normally, 8-12 pieces per day, up to a maximum of 15 pieces per day After 3 months, the user should gradually cut down the number of pieces chewed CONTRAINDICATIONS Non smokers, occasional smokers, children under 18 years As with smoking, NICOTINELL is contraindicated during acute myocardial infarction, unstable or worsening angina pectoris, severe cardiac arrhythmias, recent cerebrovascular accident, pregnancy and breast feeding, skin diseases preventing patch application and known hypersensitivity to nicotine PRECAUTIONS Hypertension, stable angina pectoris, cerebrovascular disease, occlusive peripheral arterial disease, heart failure, hyperthyroidism, diabetes mellitus, renal or hepatic impairment, peptic ulcer Persistent skin reaction to the patch KEEP OUT OF THE REACH OF CHILDREN AT ALL TIMES SIDE EFFECTS Smoking cessation causes many withdrawal symptoms Events which may be related to smoking cessation include headache, sleep disturbances, gastro-intestinal disturbances, and myalgia NICOTINE PATCHES: Most common adverse effects are reactions at the application site (usually erythema or pruritus) NICOTINE GUM May cause throat irritation, hiccuping, minor indigestion or heartburn LEGAL CATEGORY P PACKS NICOTINELL TTS 10 (PL0001/0173) in packs of seven patches, trade price £8.64, retail price £15.23 NICOTINELL TTS 30 (PL0001/0175) in packs of seven patches, trade price £9.07, retail price £15.99 NICOTINELL Original Chewing Gum 2mg (PL0001/0195) and NICOTINELL Mint Chewing Gum 2mg (PL0001/0197) in packs of 24, trade price £2.57, retail price £4.50, and packs of 96, trade price £7.70, retail price £13.50 ® denotes registered trademark PL HOLDER Ciba-Geigy plc, Macclesfield SK10 2NX Further information is available from Zyma Healthcare, Holmwood RH5 4NU DATE OF PREPARATION October 1995 1294/655

Sources IGI, Omnibus Survey Mar 1994, Nielsen J/A 1995 'Nicotinell' is a designated trademark Nic 12/95

ZYMA HEALTHCARE IS PART OF THE CIBA GROUP

Chloroform for Christmas

Retired pharmacist Ray Sturgess light-heartedly recalls his student days and how a little knowledge can go a long, long way ...

Picture courtesy: Alfred Pasieka/Science Photo Library

Soon after entering Leicester School of Pharmacy in 1945, I discovered the college library and the *British Medical Journal*. I had wanted to study medicine, but couldn't afford to. As a pharmacy student, I could live cheaply at home and earn money in the holidays as an apprentice.

Now, immersed in the *BMJ* alongside the medical students (for the first year we shared the same course), I could imagine myself a budding physician.

I started reading the *BMJ* and *The Lancet* out of interest. With the advent of penicillin, these were interesting times in therapeutics and I found many of the articles exciting. Streptomycin was the first antibiotic successor to penicillin and was being hailed as a cure for tuberculosis.

Consumption, or TB, was still an inexorable part of life in the 1940s, and of death, too. I had seen my best friend Geoff's father wither away from pulmonary tuberculosis. In all seasons and conditions except snow and driving rain his bed was outside on the open veranda and when Geoff and I visited him in the winter in our thick woollen overcoats we shivered.

The prevailing theory was that fresh air prolonged or even saved the lives of tuberculosis patients. We know now, of course, that it hastened their deaths and some of the most touching accounts are those of patients in the last stages of the disease being ordered to take daily outings in all weathers in open carriages, literally driven to their deaths.

I was obsessed by the poetry of John Keats at this time, and his short life had also emphasised for me the lethal and dramatic propensities of TB. It was a short step from the medical journals to the medical textbooks. I read the symptoms and recognised most of them in myself.

There was confirmatory evidence: like Keats, I had the phthisical physique (phthisis was another name for TB) characterised by a long narrow chest. And what had been mistaken for pneumonia when I was five was clearly the primary phase often, the textbooks said, missed in children.

I decided to withhold my condition from the doctor. I would tell no one, bravely concealing my fate under a veneer of stoic indifference.

I carried on my routine of lectures, practical laboratory work and study, as if nothing had happened. I continued to read the medical journals, now adding the *Tubercle* to my list. The latest developments in treatment were encouraging. Perhaps if I was able to hang on, a miracle cure would be found that would save even advanced cases?

It was an article on *Taenia* infestation that distracted me from my specialist subject. The tapeworm, *Taenia saginata*, was included in our zoology syllabus and I was familiar with the parasite's lifecycle. Now I had a full account of the symptoms.

It came as a shock to realise that my diagnostic certitude had been so misplaced. Admittedly, some of the symptoms of tuberculosis were very similar to those of *Taenia* infestation, but the lack of cough should have alerted me. I had put it down to my still being in TB's early stages.

It came as a shock to realise that my diagnostic certitude had been so misplaced

One consolation was that there were recognised treatments for *Taenia* infestation. Unpleasant, and with serious side-effects, but at least I had a chance of being cured. The problem was the hooks in the tapeworm's head. The tapeworm dug these into the intestinal wall and, although the body segments were relatively easily shed and expelled, the head often remained and grew another body.

Extract of male fern was the standard treatment. I had seen the capsules in a jar in the dispensary, dark green and so huge that I wondered how anyone could swallow them ... Perhaps no one could: I had never seen them dispensed.

A *BMJ* article mentioned the value of the little-tried chloroform treatment for tapeworm. The chloroform was dissolved in castor oil before administration and, when it reached the small intestine, rendered the tapeworm unconscious, so that the head hooks lost their grip. The comatose tapeworm was then eliminated by the purgative action of the castor oil.

I returned to my apprentice duties at the pharmacy during the Christmas vacation from college, and at the first opportunity I mixed up some chloroform and castor oil. It was some days before I plucked up the courage to dose myself and it was not until Christmas Eve morning, after my bacon, tomato and fried bread breakfast, that I forced down the awful concoction. I then immediately set off on my bicycle to Leicester to work, feeling queasy and belching chloroform vapour along the way.

My first duty every morning as an apprentice was to dust the rows of bottles containing the powders, tinctures and syrups that comprised the largely ineffective remedies of that time. By ten o'clock, at the top of the step-ladder, I had reached the furthest section of bottles when I suddenly felt sick and dizzy. As I came down the ladder, my pharmacist boss took one look at my pale green complexion and rushed me out of the back of the shop into the fresh December air.

He asked what I thought was the matter and, feeling too ill to lie, I told him about taking the chloroform and castor oil. Muttering something about liver failure, he went into the dispensary and came back with a finger-sized linen bag.

"Break that and hold it to your nostrils and inhale," he said.

I snapped the glass amyl nitrite capsule inside the bag, sniffed and felt blood return to my head along with leaden shame.

The *BMJ* article was right. Chloroform and castor oil was a cure for tapeworm. I never had the slightest symptom again.

Just how big a headache is Tension Headache?

The biggest. In fact, 74% of all headaches are Tension Headaches.[1] Which, when you think about the pressure people are under today, makes sense.

What also makes sense, is to recommend a *specific* Tension Headache remedy straight away. And the one to recommend is Syndol.

There is no more effective OTC treatment for your patients. Uniquely formulated for Tension Headache, Syndol contains the powerful analgesic combination of Paracetamol, Codeine and Caffeine, plus Doxylamine Succinate to ease muscle tension and bring fast relief (a clinical study showed that in 97% of Tension Headache attacks, Syndol started to work within 30 minutes).

It is a Pharmacy medicine, is strongly supported, creates extra-ordinary loyalty, and powerful word of mouth recommendation.

Get the benefit. Display well, recommend at once, and above all don't get caught out of stock. That's a headache you could do without.

NEW Consumer Advertising campaign now running

(1) National Headache Survey, Gallup 1993

You can't recommend more powerful relief.

Syndol®

Paracetamol·Codeine Phosphate
Doxylamine Succinate·Caffeine

INFORMATION FOR PHARMACISTS: Each tablet contains Paracetamol BP 450mg, Codeine Phosphate BP 10mg, Doxylamine Succinate USNF 5mg, Caffeine BP 30mg. **USES:** Treatment of mild to moderate pain and as an antipyretic. Symptomatic relief of headache, including muscle contraction or tension headache, migraine, neuralgia, toothache, sore throat, dysmenorrhoea, muscular and rheumatic aches and pains and post-operative analgesia following surgical or dental procedures. **DOSAGE AND ADMINISTRATION:** Adults and children over 12 years: 1 or 2 tablets every 4-6 hours as needed. Maximum 8 tablets in 24 hours. Not recommended in children under 12 years. **CONTRA-INDICATIONS, WARNINGS ETC.:** Contra-indications: Idiosyncrasy to any of the ingredients. Precautions: May cause drowsiness. If affected, do not drive or operate machinery. No data available in pregnancy: avoid use. Side-effects: Drowsiness or dizziness, mild constipation, agranulocytosis rarely. Overdose: Paracetamol overdose can cause liver and kidney necrosis. Immediate medical referral is essential. **LEGAL CATEGORY:** P CD (Section 5) (not prescribable under NHS). **PRODUCT LICENCE NUMBER:** PL4425/0018. **PACKAGE QUANTITIES, PRICE:** Pack of 10 tablets £1.75, 20 tablets £2.99, 50 tablets £6.19. **DATE OF PREPARATION:** November 1995. Full prescribing information is available from licence holder: Marion Merrell Dow Limited, Lakeside House, Stockley Park, Uxbridge, Middlesex UB11 1BE.

Help smokers quit.
Serve a great tasting gum.

Introducing Nicotinell's great tasting nicotine gum. Soft textured, long lasting and sugar free too. Because if a gum tastes good, smokers are more likely to use it and more likely to quit. And there's no better tasting gum than Nicotinell. Furthermore, we'll be backing Nicotinell Gum with a major new TV blitz. So next time someone asks for a nicotine gum, recommend something a bit tasty – recommend Nicotinell.

Zyma Healthcare

PRESENTATION: Oblong, buff coloured chewing gum. Each piece contains 2mg of nicotine. Nicotinell Chewing Gum is available in original or mint flavour INDICATION: Treatment of nicotine dependence as an aid to smoking cessation. DOSAGE: Stop smoking completely when starting treatment. One piece of Nicotinell gum to be chewed when the user feels the urge to smoke. Usual dosage is 8-12 pieces per day, up to a maximum of 15 pieces per day. After three months, usage should be progressively reduced until the user has stopped completely. Not to be used by children. CONTRAINDICATIONS: Non-smokers, children. As with smoking, Nicotinell Gum is contraindicated during pregnancy and lactation, acute myocardial infarction, unstable or worsening angina pectoris, severe cardiac arrhythmias, and recent cerebrovascular accident. PRECAUTIONS: Patients with gastritis, peptic ulcer, hypertension, stable angina pectoris, cerebrovascular disease, occlusive peripheral arterial disease, heart failure, hyperthyroidism, diabetes mellitus, renal or hepatic impairment. Keep out of reach of children at all times. SIDE EFFECTS: Increased salivation, slight throat irritation, hiccuping, indigestion, heartburn. LEGAL CATEGORY: P. PACKS: Nicotinell Original Chewing Gum 2mg (PL 0001/0195) in packs of 24 and 96 (Trade Price 24s – £2.57, 96s – £7.70, Retail Price 24s – £4.50, 96s – £13.50) Nicotinell Mint Chewing Gum 2mg (PL 0001/0197) in packs of 24 and 96 (Trade Price 24s – £2.57, 96s – £7.70, Retail Price 24s – £4.50, 96s – £13.50). PL HOLDER: Ciba-Geigy plc, Macclesfield, SK10 2NX. Further information is available from Zyma Healthcare, Holmwood RH5 4NU. DATE OF PREPARATION: 1 June 1995

ZYMA HEALTHCARE IS PART OF THE CIBA GROUP

'Nicotinell' is a registered trademark. Nic 12/95

PHARMACY update

A question of technique

Inability to use inhaler devices is a common problem in the community. David Pruce, audit development fellow for England, shows how audit can make a difference

It was one of those rare quiet moments and I was busy doing paperwork, when in walked Mr Johnson. I had known him for some time, but it was unusual for him to come in the morning.

He recently developed a wheeze and his doctor put him on a salbutamol inhaler at first. That did not seem to be effective, so he progressed to inhaled steroids.

It appeared he now had a chest infection and had taken a day off work to see his doctor. He looked very unwell and was quite wheezy. I asked if he was all right and whether he needed to use his inhaler. He looked around to see if the shop was empty and then got out his inhaler. I suppose he was embarrassed about using it in public, but I reassured him. I was about to dispense his prescription when I saw him use his inhaler: his technique was awful. I doubt much of the dose got into his lungs.

I asked whether his doctor had taught him how to use it. He said the GP had run through it when the inhaler was first prescribed, but it had been a hurried explanation and difficult to take in. The doctor had finished by saying there was a leaflet inside the pack and that he should be able to get the hang of it. However, he had not read the leaflet in detail because he did not have the time.

I asked whether he would like me to go through it again with him, slowly. He seemed quite grateful for the opportunity to talk about his condition. He was worried because it had not improved, even though he was on inhaled steroids. Like many people, being on these concerned him.

I got out my placebo inhaler and went through each step of the training with him. I then asked him to show me how to use the inhaler. He was better than before, but he was still having problems with co-ordinating pushing down on the canister and breathing in.

We went through it again and he seemed to get the hang of it. As he was still wheezy, he decided to use his salbutamol inhaler again. This time he got almost instant relief.

I was able to reassure him about the inhaled steroids and he seemed much happier. Before he left, he asked if he could come back in a month or so for me to recheck his technique. I readily agreed.

Continued on PII ▶

Standard

- All patients using an inhaler or new device for the first time will be offered counselling.
- Any patient requesting a check on their inhaler technique will be counselled

Date	Patient	*Reason for counselling	+Advice offered	•Technique before counselling	•Technique after counselling	Comments
12/1/95	Mr Jones	F	A	P	G	–
1/12/95	Mrs Smith	F	A	P	P	Volumatic suggested
2/12/95	Mr Brown	D	R	–	–	Too busy
2/12/95	Mr Patel	F	A	G	G	Seen by nurse previously

** Codes: F= first time use; D= new device, P= patient request; O= other*
+ Codes: N= not offered; A= offer accepted R= offer refused
• Codes: P= poor technique G= good
Comments: record reason for refusal (eg not patient) or not offering (too busy)

Continued from PI

Later that day, I was thinking about Mr Johnson and wondered how many of my patients had similar problems. The Centre for Pharmacy Postgraduate Education asthma course said that 80 per cent of cases of inadequate asthma control are partly due to poor inhaler technique. I decided to check whether my patients needed counselling.

I needed to ensure that anyone who is started on an inhaler was offered counselling, but was also concerned about those already on an inhaler. I decided to offer counselling to patients prescribed an inhaler for the first time or prescribed a new device.

I put up a notice saying that we would be happy to give a free check on inhaler technique. I felt if we did this for a fortnight initially, we could find out if there really was a problem or whether Mr Johnson was an isolated case.

In order to check on the progress of this idea, I recorded each occasion that we offered counselling and what the result was.

I found that several patients had received little support from the prescriber, while others had been referred to the practice nurse for training in the use of the inhaler. Most of the patients initially had poor technique, except those who had been taught by the nurse.

After our counselling, all the patients were able to use their inhalers properly, except for one. She was quite elderly and had real problems with co-ordinating the use of the inhaler and breathing in. I contacted the GP and suggested she would benefit from using a spacer device. The GP agreed and issued a prescription.

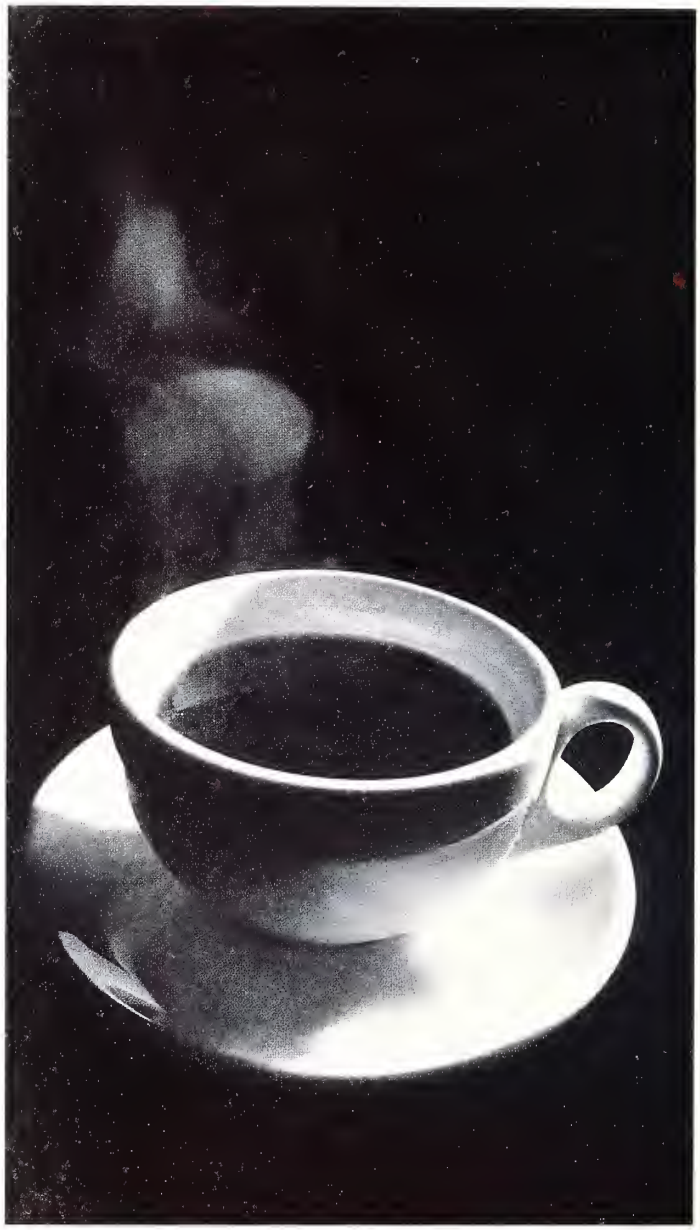
All the patients were grateful for the advice given and several are coming back in a month or so to have their technique rechecked. I was a little disappointed by the number of patients already using inhalers who asked to have their technique checked.

I have now decided to offer to check inhaler technique when we issue prescriptions for inhalers. Again, we will initially do this for a fortnight to see if it is successful.

An interesting by-product of our little audit is that the local GP practice heard about what we were doing and has asked if I would come to the next practice meeting to talk about it.

A cuppa good cheer?

We all like a nice cuppa in the morning. But what about its caffeine content? How good – or bad – is caffeine for us? Liz Jones reports



A hearty brew, be it tea or coffee, is what gets most of us going in the morning.

Apart from the taste factor, the main reason for a morning craving is for its stimulating effect – which hails from the caffeine content.

Caffeine belongs to the same class as the bronchodilators theophylline and aminophylline – the xanthines. These exhibit effects on bronchial smooth muscle, the central nervous system and the myocardium. Of all the xanthines, caffeine is the most active in stimulating the cerebral cortex, increasing waking and decreasing fatigue.

But is it a healthy stimulant? It's a hard substance to avoid – occurring naturally in many different foodstuffs, like tea and coffee, and added to a plethora of others under the guise of 'flavouring' on the product label.

Caffeine concern

According to Roger Cook of the Coffee Science Information Centre, caffeine is generally accepted to be safe – in moderation. Indeed, in the US, the Food & Drug Administration has given caffeine 'GRAS' status, ie generally recognised as safe.

While caffeine has been associated negatively as a contributory factor in a number of diseases in the past – including heart disease, cancer and high blood pressure – no causal link has ever been definitively proven.

The best known is the link between caffeine and the raising of cholesterol levels. Until recently, it was concluded that this only occurs in non-caffeine drinkers, mainly in Scandinavia, who drink what is termed 'boiled coffee', a brew of coffee which is constantly 'on the boil'.

However, new evidence has indicated that filtered coffee may not be blameless, with increasing consumption linked to a small increase in cholesterol levels. However, as the effect is reversible, it appears to have little significance, except where high users have elevated cholesterol levels.

How to advise

So what do you advise when a customer/patient asks you about their caffeine intake?

In general, you can put their mind at rest: a moderate caffeine intake is perfectly safe. However, lifestyle can be key to whether coffee has an adverse effect or not, depending on accompanying smoking, drinking, or individual sensitivity. There are exceptions:

- a pregnant woman should modify her coffee consumption because caffeine elimination is slow in pregnant women (around 8.3 hours compared with an average 3.4 hours) and in the foetus
- people with heart disease should seek their GP's advice because a high coffee intake may cause changes in cardiac rhythm. However, caffeine drinks (in moderation) are rarely designated 'off limits'.

With regard to blood pressure, a cup of coffee has little more effect – at worst – than a run up the stairs or an involvement in an argument

- a large caffeine intake is

Continued on PIV

Tea time

Tea's caffeine content is often overshadowed by the attention paid to coffee. However, an average 150ml cup contains 41mg of caffeine.

But the amount of caffeine intake does depend on the duration of brew time: scientists have shown that a cup of tea left to brew for one minute can contain as little as 9mg of caffeine, but left to brew for five minutes, this rises to 20-50mg. There is particular optimism about tea's ability to reduce the risk of cancer, hypertension and coronary heart disease.

But its caffeine content may be the least appealing aspect of tea-drinking, scientists around the world are now proposing that tea has some serious positive medical applications.

- Flavanols, which occur in tea, enhance vitamin C activity and there is a growing body of evidence confirming the antioxidant role of tea itself against cancer. Differing levels of antioxidant activity are found in all types of tea, including black tea. This natural antioxidant property may help combat the risk of developing coronary heart disease.
- Polyphenols in tea may reduce tumour development in cancer of the skin, lung, stomach and colon. Several researchers have also shown that tea, or its constituents, may inhibit the formation of cancers caused by nitrosamines, associated with some cooked foods.
- There is also increasing experimental evidence that tea may have a role in preventing some cancers, especially gastric and bladder cancer, probably due to the polyphenol epigallocathechin gallate (EGCG). EGCG found in black and green teas has been shown to have a positive cholesterol and lipid lowering effect.
- Tea helps prevent tooth decay! Tea is one of the few natural sources of fluoride (containing from three parts per million to 30 times that much, depending on how strongly you drink it).
- Tea is a rich source of two minerals essential for health: manganese, for bone growth and the body's development; and potassium, which is vital for maintaining a normal heart beat.

(Source: The Tea Council's Fact File, 'Tea & Health')

Caffeine & medication

Caffeine can interact with several medications:

- consumption of large quantities of coffee is not recommended while taking neuroleptics, anxiolytics, antidepressants and barbiturates. Coffee shortens the duration of sleep elicited by barbiturates and inhibits the effects of diazepam
- coffee/caffeine absorption should also be avoided when taking ketoprofen because of their interactions with renal prostaglandins; the risk would be a reduction in urinary volume with possible formation of precipitates, especially if medications such as sulphonamides are prescribed simultaneously

(Source: Coffee & Health by Gerard Debry)

◀ *Continued from PII*

prohibited in athletes, although the amount is dependent of which sport and even which country, because of its stimulant qualities.

Advisable quantities of caffeine consumption can vary highly from person to person depending on whether they are rapid or slow caffeine eliminators. Differences in individual capacities can mean the difference in consumption from four to 11 cups throughout the day.

It is generally held that it is only caffeine in high doses (ie 800mg plus per day) that is a bad thing; the average daily consumption is around 300mg. Caffeine overdosing is effectively extremely rare. However, an excessive caffeine intake can give rise to insomnia, convulsions, tremors, disturbances in the heart's rhythm, vomiting and nervousness.

On the plus side

There are lots of positive aspects to caffeine, says COSIC's Roger Cook. Bristol University research on its stimulating effect has shown that cups of coffee can help eliminate the 'post-lunch dip'.

Caffeine can be used as a bronchodilator, with an efficacy around 40 per cent of the equivalent molar dose of theophylline. Should you come across an asthmatic without their inhaler, a couple of cups of strong coffee may help relieve their discomfort.

Caffeine also helps fight osteoporosis as it encourages calcium excretion, which can be a problem for people with poor diets.

And it's a common ingredient in many over the counter analgesics, where its presence speeds up absorption. It also speeds up the absorption of the migraine treatment ergotamine.

What about tablets?

But what about caffeine in non-naturally-occurring forms, such as soft drinks and caffeine tablets?

Caffeine tablets, like Pro Plus, contain 50mg of caffeine. The recommended dose for adults and children over 12 is one to two tablets, and no more than 12 tablets in 24 hours. A 150ml cup of instant coffee contains 66mg. Unfortunately, Roche Consumer Health has no research on any potential absorption differences between tablet taking and coffee drinking.

So is it good for you? Roche says that it is, as it rapidly relieves temporary tiredness. However, state registered dietitian Sian Porter believes that caffeine tablets should be used with caution as they can have adverse effects.

"If you don't know how sensitive you are to caffeine, you may take more than you can cope with," she says. "By taking something like this you also run the risk of suffering from withdrawal symptoms (like headaches)."

She is concerned about people using them without seeking professional advice. "They are sold in pharmacies for a good reason. If people want to take caffeine tablets, then they really should check with a pharmacist or GP first," she advises.

Dietary sources of caffeine*

Drink	Serving	Caffeine concentration
Instant coffee		
Nescafe	200ml cup	74.7
Gold Blend	200ml cup	62.0
Maxwell House granules	200ml cup	63.2
Red Mountain	200ml cup	56.9
Percolated/ filter coffee		
(various blends)	200ml cup	Range 74-263 Mean 133
Decaffeinated		
Cafe Hag	200ml cup	1
Coffee beans	200ml cup	6
Bagged tea		
Tetley	200ml cup	68.8
PG Tips	200ml cup	59.4
Sainsbury's Red Label	200ml cup	52.1
Typhoo 1 Cup	200ml cup	54.2
Twinnings Earl Grey	200ml cup	42.8
Darjeeling	200ml cup	53.0
Leaf tea		
Typhoo	200ml cup	63.2
PG Tips	200ml cup	51.6
Sainsbury's Red Label	200ml cup	52.1
Decaffeinated tea		
St James'	200ml cup	3
Luaka	200ml cup	0.8
Cola Flavoured Drinks		
Coca-Cola	200ml	18
Pepsi-Cola	200ml	13
Safeway	200ml	10
Chocolate drinks		
Cadbury's Drinking Chocolate	200ml	5.3
Cadbury's Cocoa	200ml	2.1

Beverages were prepared using manufacturers' recommended amounts. Tea preparations were allowed to brew for five minutes prior to sampling.
** Ref: Scott N R, Stambuk D, Chakraborti J, Marks V. Caffeine consumption in the UK; a retrospective survey. Food, Sci, Nutri, 1989*

How smart are smart drugs?

For centuries, man has been looking for the miracle cure to boost his brain power, with smart drugs touted as the answer. Mark Colbridge of Guy's & St Thomas' medical toxicology unit sees if they live up to their grand claims

Smart drugs claim to increase energy levels, improve concentration and memory, and boost intelligence in healthy individuals. As they are said to do this by enhancing natural mental processes, they are considered safe and non-addictive.

Based on this concept, nutritional supplements known as smart drinks emerged on the club scene and via mail order – complete with claims to "fire up your brain" and "boost your powers of recall". However, their use appears to be declining – I was recently unable to contact five organisations claiming to supply these wonder potions!

Smart drinks can offer a cocktail of ingredients: phenylalanine (an amino acid essential for diet), L-arginine (an amino acid which stimulates growth hormone release) and choline (an acetylcholine precursor), mixed with vitamins, minerals and caffeine.

But there is no scientific evidence that they work. None are approved for their mind-enhancing properties. However, as they make no medicinal claim, they are not illegal and are simply classed as food supplements .

Origin

The concept of smart drugs stems from studies conducted over the last 30 years on learning behaviour in animals and the treatment of certain forms of dementia. Over 150 agents are currently being investigated.

The research takes a variety of approaches in deciding if a drug may be useful:

- does it enhance brain blood flow via vasodilation?
- does it influence brain metabolism?
- does it increase the amounts of various neurotransmitters (including acetylcholine, dopamine, serotonin, GABA and glutamate) in the brain?

What's available?

A number of drugs can be said to fulfil one of the above criteria, but we will focus on the better known examples.

- **Pyrrolidine-based derivatives:** includes piracetam, pramiracetam, oxiracetam and aniracetam.

Piracetam is the original smart drug, first synthesised in 1964. From this prototype, various other substances have been studied, but none have been clinically proven to improve cognition.

Their mechanism of action is unclear. They are thought to act by increasing the amount of acetylcholine in the brain, although actions via aldosterone and glucose metabolism may also be relevant. Trials in memory loss in the elderly give contradictory results.

The only one of this group with a UK Prescription only licence is piracetam (Nootropil), but only as an adjunct in the treatment of cortical myoclonus.

- **Phenytoin:** used in epilepsy, some studies suggest that it increases intelligence, concentration and learning in both young and elderly healthy volunteers.
- **Propranolol:** used to treat hypertension, this dilates blood vessels and hence increases blood flow to the brain.
- **Vasopressin:** also known as anti-diuretic hormone and used in the treatment of diabetes insipidus, it is supposed to improve attention, concentration, memory retention and recall.

Animal studies report improved memory, but this does not appear to be repeated in human studies.

- **Ondansetron:** an anti-emetic. By acting as an antagonist at 5HT3 receptors, it is thought to improve memory by enhancing acetylcholine turnover.
- **Co-dergocrine mesylate:** an ergot alkaloid derivative, it was thought to enhance blood flow in the brain, but is now classified as a metabolic enhancer. It has been given a licence as an adjunct in treating mild to moderate dementia and has been reported to improve performance in some psychological tests, though reports have varied widely.
- **Selegiline and bromocriptine:** anti-Parkinson's drugs which enhance the release of dopamine centrally, they have been thought to improve mental function. However, *Martindale* notes that selegiline may exert its benefits on mood and cognitive improvement by reducing tension and depression.

Naturally-occurring substances have also been tried.

- **Dimethylaminoethanol (DMAE):** a naturally-occurring nutrient found in certain seafoods, including anchovies and sardines.

As a choline precursor, the theoretical basis is that it works by accelerating the brain's synthesis of acetylcholine. It has been used as a central stimulant.

- **Pyroglutamate:** an amino acid that acts on the NMDA receptor (a type of glutamate receptor) in the brain, thought to play a role in learning.
- **Vitamins:** vitamin E and the vitamin B group which act as antioxidants and are claimed to have energy boosting properties. Vitamin B6 is also necessary for the manufacture of certain neurotransmitters, including dopamine and serotonin.
- **Ginkgo biloba:** used for centuries in Chinese medicine, this plant extract is claimed to improve cerebral circulation, mental alertness and overall brain function.
- **Ginseng:** ginseng is claimed to have a variety of actions, including a mild stimulant effect.
- **Acetylcholine enhancers:** these include choline, lecithin and acetyl-L-carnitine. They act as precursors to acetylcholine or inhibit its breakdown.

Do they work?

The classification of smart drugs is wide and their actions very different, but do they actually work?

Unfortunately, there are a number of flaws in the claims made by enthusiasts. Much of the research has produced conflicting or unquantifiable results. Many studies in patients with dementia have shown minimal change in a number of mental and psychometric assessments.

Other evidence comes from animal experimentation; whether these findings can be extrapolated to humans is highly questionable. Many required drugs to be injected into the brain, not a reasonable option in humans.

The chances of them being effective in normal healthy individuals is even more remote as many of the drugs act by enhancing neurotransmitters in the brain. As healthy people have ample supplies of these, giving compounds to increase levels would seem pointless. So it may be several years before that 'miracle cure' is found!

Omeprazole is 'treatment of choice' for reflux

Any doubt that maximising acid suppression is the key to the management of reflux oesophagitis has been dispelled by evidence from Italy, following a comparison of five strategies for maintenance treatment in 175 patients.

The average duration of symptoms was four years and most patients had been taking an H2-antagonist as maintenance therapy for mild to erosive oesophagitis. After endoscopic confirmation of reflux disease, each patient was treated with a four- to eight-week course of omeprazole 40mg/day.

When healing had been confirmed, patients were stratified according to initial disease severity and randomised to 12 months' treatment with omeprazole 20mg/day; ranitidine 150mg three times a day; cisapride 10mg three times a day; ranitidine plus cisapride; or omeprazole plus cisapride. Endoscopy was repeated after six and 12 months.

On an intention to treat analysis, omeprazole was the most effective treatment: 80 per cent of those taking omeprazole alone and 89 per cent of those taking omeprazole plus cisapride were still in remission after 12 months.

This was significantly more than the 54 per cent in remission with cisapride monotherapy; 49 per cent with ranitidine monotherapy; and 66 per cent with ranitidine plus cisapride – this combination was not significantly more effective than cisapride alone, suggesting that ranitidine offers little benefit.

Patients taking omeprazole experienced fewer and milder symptoms. The few patients who relapsed while taking omeprazole were largely those with the most severe disease, whereas relapse (endoscopic and symptomatic) occurred in patients with mild and moderately severe disease with ranitidine or cisapride.

Sixteen patients withdrew from treatment, in five cases due to adverse reactions occurring with each of the treatments. Adverse effects were equally common in all groups and included diarrhoea, headache, pruritus and flatulence.

This study shows that

omeprazole is the maintenance treatment of choice for erosive reflux oesophagitis; the addition of cisapride achieves a small but non-significant increase in response.

However, patients with very severe disease (with ulceration and stricture) were not included in the study and they may require a different approach, including surgery.
New England Journal of Medicine 1995;**333**:1106-10

Stopping smoking does make you fat

The campaign to reduce smoking has been a success – among adults, at least – but it is having an impact on another risk factor for chronic disease: quitters are at increased risk of obesity.

Epidemiologists in the United States surveyed 5,247 people aged over 34. Approximately 38 per cent had never smoked; 30 per cent were current smokers or used other tobacco products; the remainder had quit within the previous ten years (12 per cent) or earlier (20 per cent).

Current smokers were the lightest and leanest group, but, compared with subjects who had never smoked, their risk of getting fat was doubled if they stopped. The average weight gain after stopping smoking was 4.4kg for men and 5kg for women. However, of those who had quit within the past ten years, 16 per cent of men and 20 per cent of women had gained more than 15kg in weight. Risk factors for weight gain were height, the number of cigarettes smoked per day before quitting and (for women) the number of children.

In the past ten years, obesity in the US increased by 9.6 per cent among men and 8 per cent among women, stopping smoking would increase this to 14 and 10 per cent.
New England Journal of Medicine 1995;**333**:1165-70

Ginseng for diabetes

Ginseng has indirect and direct benefits in the management of non-insulin dependent diabetes mellitus (NIDDM), say Finnish researchers. They randomised 36 people with newly-diagnosed NIDDM to placebo or ginseng 100- or 200mg/day in an eight-week double-blind study. All were counselled on diet, exercise and glucose self-monitoring; no hypoglycaemic drugs were used.

All three groups lost bodyweight, showing advice on self-care had been heeded. However, those taking ginseng experienced improvements in mood, wellbeing and psychomotor performance. Ginseng did not affect sleep or memory, but the higher dose was associated with an increase in physical activity.

Ginseng was associated with a reduction in fasting blood glucose and an improvement in glucose tolerance and glycated haemoglobin (a measure of overall glucose control). These values were normalised in eight of 24 subjects taking ginseng and in two of 12 given placebo. Blood lipids were unchanged and no adverse effects were reported.

Improvements in mood and activity probably increase motivation for self-care, particularly when monitoring blood glucose and adjusting the diet, and this is reflected in objective improvements in NIDDM.

However, ginseng may also have a direct effect on glucose control – for example, it has been shown to enhance glycogen storage in animals.
Diabetes Care 1995;**18**:1373-5

Costs of depression care

One of the economic arguments for using expensive drugs is that they cut consumption of other healthcare resources – for example, by reducing the risk of hospital admission. Epidemiologists in Seattle suggest this may not be the case in treating depression.

They compared the costs of primary healthcare for 6,257 people with diagnosed depression with those of 6,257 without depression.

The total healthcare cost for people with depression was $4,246 compared with $2,371 for controls. Only one-fifth of this difference was due to higher consumption of mental healthcare – the remainder was due to higher costs in all categories of care – and costs were higher whether or not they had been prescribed antidepressants.

Chronic disease was more common among people with depression and cost 1.5 times more to treat than in controls. In those patients who were prescribed antidepressants, healthcare costs before and for 12 months after initiation of antidepressant treatment were similar.

As anticipated, depressed people use more healthcare resources, but diagnosis and treatment with antidepressants does not appear to reduce their consumption of resources.

It may therefore be inappropriate to tackle depression as an isolated phenomenon: an holistic approach may prove more cost-effective globally.
Archives of General Psychiatry 1995;**52**:850-6

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The best options in the smoke cessation league

There are many aids to giving up smoking – including psychological, pharmacological and complementary therapies – but not all are supported by scientific evidence of efficacy.

Researchers from London reviewed 188 clinical trials of strategies, considering only randomised, controlled trials lasting at least six months. They concluded that even some with low success rates can be cost-effective.

Among the cheapest is advice from the GP, given during a routine consultation. A five-minute talk, agreeing a date to stop, discussing problems and providing an information booklet, is effective in 2 per cent of smokers after 12 months and costs only £4 per patient.

Offering encouragement in the form of repeat consultations, testing for carbon monoxide to confirm compliance, and follow-up letters can increase the success rate to 5 per cent. Evidence of a good outcome after advice from nurses in health promotion is inconclusive and trials of supportive group sessions indicate no significant benefit.

Some are more receptive than others: 12-month success rates average 9 per cent in pregnant women and 21 per cent in men with ischaemic heart disease.

Non-specific behavioural techniques (avoidance strategies, reinforcement) have a 2 per cent success rate and the efficacy of aversion therapy is doubtful. Silver acetate gum or spray, which produces a foul taste when smoking, may work in up to 8 per cent of smokers, but the available evidence is flawed.

The average success rate of hypnosis in clinical trials is 23 per cent, but this is not supported by biochemical evidence of cessation and there is wide variability in the results of trials. Clinical trials with acupuncture have failed to show efficacy.

Nicotine replacement therapy works in about 13 per cent of smokers, but is more successful in more dependent people; the gum appears to be more effective than the patch in heavy smokers because it provides a rapid dose of nicotine. Other drugs, including clonidine and tranquillisers, have not been shown to be effective.

The authors comment that the cost per life saved by a GP's advice to stop smoking is only £600, so intervention is useful even though it works in only one in 50 smokers. The effectiveness of further advice and supportive information is still inexpensive but depends on the enthusiasm of the doctor, they note.

Other non-pharmacological strategies are no more effective and potentially more expensive nicotine replacement therapy is worthwhile, especially in more addicted smokers.

Archives of Internal Medicine 1995;**155**:1933-41

Is SAARD monitoring needed in RA?

Many slow-acting anti-rheumatic drugs (SAARDs), including gold, penicillamine and methotrexate, are associated with an increased risk of adverse haematological and hepatic reactions.

Patients taking these drugs have routine blood tests to detect possible reactions at an early stage, but this is inconvenient and expensive; and, if there is no evidence that it reduces the risk of toxicity, it is wasteful too.

Rheumatologists in London have noted that there is wide variation in monitoring recommendations among specialists throughout the country, indicating that the case for frequent monitoring may not be convincing.

Their survey of 143 specialists showed that 65-84 per cent carry out monthly blood counts with auranofin, penicillamine, azathioprine and methotrexate. With gold injection, 45 per cent do blood counts at four weeks and 22 per cent at six weeks; sulphasalazine is monitored every three months by 60 per cent. Frequency of monitoring did not correlate with the use of shared care protocols with GPs or whether the centre was a teaching hospital or DGH.

These figures indicate that up to a third of rheumatologists carry out routine monitoring at intervals greater than four weeks – and there is no evidence that this is associated with a difference in the incidence of adverse effects.

To explore the risk of adverse effects further, the experiences of three London centres were pooled. Together, they had accumulated 1,560 patient-years of monitoring and 18,720 monitoring visits in 390 patients. From these, 13 adverse reactions had been detected: 11 cases of thrombocytopenia and 2 of neutropenia. Three-monthly monitoring would have detected seven of the eight reactions which had occurred after the first six months of treatment and a five-monthly monitoring interval would have detected all but one reaction.

Excluding the costs of transporting patients to the clinic and the indirect costs borne by patients themselves, it was estimated that the total cost of monitoring had been £420,000, equivalent to £32,000 per reaction detected.

The authors suggest that this expenditure is unnecessarily high. Current management guidelines are based on clinical consensus, not evidence, and could be revised.

This evidence indicates that monthly monitoring may be appropriate for the first six months, but should be less frequent thereafter. Further work is required to identify risk factors for adverse reactions which will enable monitoring to be targeted.

British Journal of Rheumatology 1995;**34**:966-70

Variation in prescribing psychotropics

Inexplicable variation between GPs in prescribing habits is a matter for concern. Whereas some differences between practices can be attributed to the age and socioeconomic make-up of the list, others may be due to idiosyncratic prescribing habits or ignorance.

Patients may be put at unnecessary risk of adverse effects and there are obvious implications for those trying to promote rational prescribing.

Public health specialists in Cambridgeshire collected prescribing data from all 61 practices in their area and collated these with local demographics and practice variables. They measured drug use as defined daily doses per 1,000 population, overcoming potential bias from practice size.

Comparing the highest- and lowest-prescribing practices, they found that prescribing of hypnotics varied 11-fold; that of anxiolytics varied 13-fold; and antidepressant prescribing varied eight-fold. There was a strong correlation between prescribing of the different groups – high prescribers of anxiolytics also prescribed many hypnotics and antidepressants.

Some 25-34 per cent of these differences could be explained by two variables: the proportions of temporary residents and women aged over 65 registered with the practice. Mortality rates and indicators of deprivation did not contribute to the prescribing variability and the presence of a practice counsellor had no influence on prescribing.

The authors conclude that GPs' attitudes and knowledge are probably a major influence on prescribing and that these should be targeted in any campaign to reduce benzodiazepine use. More information is needed about how useful these agents are in treating the type of problems seen in general practice, they add.

British Journal of General Practice 1995;**45**:595-9

Research Digest is a regular series, written by drug information specialist Steve Chaplin MRPharmS, looking at the current developments in medicine

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CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

Module 7 explains how to tell the difference between occasional indigestion due to over-indulgence and persistent symptoms which could indicate something more serious. For this reason it is particularly important to ask how long the person has had the symptoms and if any remedies have been tried already. It is also important to find out if other medicines might be causing the symptoms.

This seventh module is concerned with indigestion and its treatment.

In this month's Pharmacist's Briefing reference icons are used as follows:

Information

Advice

Treatment

Refer to pharmacist

Refer to doctor or specialist

Refer to BNF

A similar set of icons is used in the assistants' module.

INDIGESTION

As the term indigestion means different things to different people, assistants are advised to find out exactly what the symptoms are – is there pain, wind, vomiting, etc? Heartburn is a sharp, burning pain above the stomach area and behind the breastbone, which may feel as if it is passing up the throat.

Indigestion is often caused by too much acid in the stomach or by acid being in the wrong place. Usually, the acid contents of the stomach are prevented from passing back into the oesophagus by the gastro-oesophageal sphincter. If, for some reason, the acid contents reflux they will irritate the oesophageal lining which, unlike the stomach, does not have a protective mucosal barrier. Frequent reflux leads to oesophagitis, with its characteristic symptoms of heartburn. Progressive damage may eventually lead to other complications such as stricture formation.

Smoking, fatty foods, alcohol and caffeine relax the gastro-oesophageal sphincter causing reflux. Fried and fatty foods also remain in the stomach longer, increasing the time during which acid is produced.

Heartburn often occurs at night, as the acid passes backwards more easily when lying down.

Anything which puts pressure on the stomach such as tight clothing, bending forwards or being overweight can cause reflux.

Pregnant women often suffer from heartburn because the baby puts pressure on the stomach and hormonal changes relax the gastro-oesophageal sphincter.

Reflux also occurs in hiatus hernia, in which part of the stomach bulges through the diaphragm into the chest.

Oesophagitis may also result from regularly drinking liquids which are too hot or by not drinking enough water when swallowing tablets or capsules.

Gastritis may be acute, resulting from eating irritant substances such as pickles, or chronic following repeated use of irritants such as neat spirits.

General advice:

- Eat regularly, avoid hurried meals and chew food well.
- Customers should avoid foods they know upset them and particularly anything that relaxes the gastro-oesophageal sphincter such as fatty foods and alcohol.
- Stop smoking. Smoking enhances reflux, encourages ulcer formation, delays ulcer healing and increases the risk of ulcers coming back.
- Exercise enhances gastric emptying.
- Constipation may increase the discomfort, so recommend a high fibre diet.
- Encourage overweight customers to lose weight.
- Encourage relaxation as stress can aggravate symptoms.
- Avoid medicines which may irritate the stomach, such as aspirin and iron tablets.

Further advice for heartburn:

- Eat while sitting upright and avoid large meals.
- Do not go to bed for at least two hours after a meal.
- Avoid very hot food and drink.
- Avoid clothes which are tight round the waist.
- Take tablets and capsules with at least a glass of water and wait for half an hour before lying down.
- Avoid stooping and lifting heavy weights, especially straight after meals.
- If symptoms occur at night, try raising the head of the bed by about nine inches (with books or bricks under the mattress rather than high pillows).

Treatment:

Symptoms can be relieved by neutralising excess acid with antacids or, in more persistent cases, by reducing acid production with H_2 antagonists.

As a general guide, if there are no symptoms requiring immediate referral to a GP, the patient could be offered a week's treatment with a liquid antacid, followed by a second bottle if there is some improvement. If there is only slight improvement after a week, a course of H_2 antagonists could be tried.

Antacids

These usually contain aluminium or magnesium compounds, calcium carbonate or sodium carbonate. Aluminium compounds may be useful if there is slight diarrhoea, while magnesium salts have a laxative effect. The two are sometimes combined to minimise bowel disturbances.

Aluminium-containing antacids also protect against irritant bile salts which may pass backwards from the small intestine.

Carbonates release carbon dioxide which may be uncomfortable if indigestion is caused by overeating or wind is a problem.

Deflatulents such as simethicone may be useful for wind or a feeling of distension.

'Raft' antacids containing alginates are recommended if there appears to be reflux.

Liquid antacids act more quickly and are believed to be more effective, but tablets which are sucked or chewed last longer and are more convenient to carry around. Antacids are best taken between one and three hours after meals rather than immediately after.

Precautions:

- Long term, regular use of some antacids can cause problems. Sodium bicarbonate may upset the body's acid–alkali balance. Calcium carbonate may neutralise the acid too much so that the stomach compensates by secreting more; the customer may then take more antacid. Prolonged high doses can lead to hypercalcaemia, with nausea, tiredness, depression and other complications.
- People with kidney problems, heart disease or high blood pressure should not use products with a high sodium content.
- Bismuth compounds may cause temporary darkening of the faeces. The BNF warns that bismuth-containing antacids (unless chelates) are best avoided as absorbed bismuth can be neurotoxic. Bismuth salicylate should not be taken with aspirin; people taking anticoagulants or oral hypoglycaemics (particularly sulphonylureas) should consult their doctor before using it.
- Antispasmodics may cause dry mouth and disturbed vision, although dicyclomine is less likely to have these effects than atropine. They should be avoided in closed-angle glaucoma. They may aggravate reflux and should be used with care in the elderly, those with prostate disease, heart disease and ulcerative colitis, and by pregnant or breast-feeding women.

H_2 antagonists

Assistants are reminded that cimetidine, famotidine and ranitidine recently switched from POM to P, so pharmacists may want all requests for these products to be referred.

H_2 antagonists are available OTC for the short-term relief of symptoms of heartburn, dyspepsia and excess acid. Cimetidine is also licensed for the short-term prevention of night-time heartburn.

Precautions:

- They must not be used for more than two weeks.
- They should not be taken by pregnant or breast-feeding women.
- People with liver or kidney disease should consult their doctor first.
- Cimetidine is not recommended for people over 65. It interacts with several other drugs, the most significant being anti-arrythmics, nicoumalone and warfarin, carbamazepine and phenytoin, cyclosporin and theophylline. See BNF.

Assistants are advised to refer to pharmacist:

- **If over the counter medicines do not work; customers who seem to consume large amounts of indigestion remedies; indigestion which persists for more than a week; middle aged people who start getting persistent indigestion for the first time.**

These could all indicate the presence of a more serious condition. In peptic ulcer, the pain occurs in the central, upper abdomen and the patient may be able to point to an exact spot where the pain is, rather than describing a general discomfort. The pain may be brought on by eating or may be relieved by food. The latter is more typical of duodenal ulcer, when pain in the night is also common. With gastric ulcer there may be nausea, vomiting and reduced appetite. Refer to GP.

Severe pain which is not relieved by antacids and continues for more than a few hours could indicate a perforated ulcer and requires immediate referral.

Antacids usually give some relief in ulcers and oesophagitis, but not in biliary colic due to gallstones. People with gallstones will have particular problems with fatty foods and transferring to a low-fat diet may reduce the pain. Refer.

Non-ulcer dyspepsia may be due to a motility disorder, with delayed gastric emptying. The customer may complain of feeling bloated soon after eating.

Age can be a determining factor in deciding if a customer needs referral. Gastric cancer, although rare, is more common in the over 40s, so people who experience dyspepsia for the first time after this age should be advised to see a GP after two weeks if symptoms persist. Those under 40 should see a GP if they experience more than two acute episodes a year.

- **Unexplained weight loss (half a stone or more over a month)**. Again, this may have some serious underlying cause, such as cancer, particularly in a middle-aged or elderly person. Refer to GP.
- **Difficulty with swallowing or a feeling of food sticking**. This suggests some oesophageal obstruction, such as a tumour or stricture. Refer to GP.
- **Vomiting for more than 24 hours**. Refer to GP if there is any risk of dehydration (as in the elderly or very young), or if there is no immediately obvious cause such as over-indulgence in alcohol. The presence of severe abdominal pain may indicate intestinal obstruction; refer.
- **Vomiting of blood; black, tarry faeces**. This suggests gastric or intestinal bleeding. Refer to GP immediately.
- **Jaundice**. May indicate liver problems or gallstones (see also below). There may also be darkening of the urine. Refer to GP.
- **Chest pain which is brought on or made worse with exercise, or spreads down the arm and up to the jaw**. These are classic symptoms of angina or myocardial infarction. Angina may sometimes occur after meals. Pain which spreads to the back or shoulders may indicate the presence of gallstones, peptic ulcer or pancreatitis. Refer to GP.
- **People taking other medicines**. It is important to know what other medicines the customer is taking, firstly because they may be causing the symptoms and secondly because some antacids and H_2 antagonists interact with other medicines. Antacids may also damage enteric coatings. Non-steroidal anti-inflammatory drugs are the most likely to damage the gastric mucosa. Patients taking these drugs regularly, either OTC or on prescription, could be offered an antacid for immediate relief and advised to consult their GP. Some drugs reduce the muscle tone of the gastro-oesophageal sphincter, including compounds with anticholinergic effects such as tricyclic antidepressants and phenothiazines. Calcium antagonists, nitrates, theophylline and aminophylline can also contribute to reflux.

Some drugs cause oesophageal ulceration if not swallowed with sufficient water or taken when the patient is lying down e.g. slow-release potassium chloride tablets and doxycycline capsules.

People with heart failure or on drugs which promote sodium retention should avoid antacids with a high sodium content. Antacids reduce the absorption of several antibacterial agents including ciprofloxacin, nitrofurantoin, pivampicillin and tetracyclines; bisphosphonates (should be taken at least two hours apart); chloroquine; fosinopril; itraconazole and ketoconazole; phenytoin and gabapentin; penicillamine; phenothiazines.

See BNF for other interactions. Cimetidine can interfere with drugs metabolised by the cytochrome P450 enzyme system (see BNF and previously under H_2 antagonists).

- **People with liver or kidney disease**. These people should not take H_2 antagonists. Magnesium salts carry an increased risk of toxicity in moderate renal impairment. In severe kidney disease, aluminium is absorbed and may accumulate; antacids containing sodium should be avoided. Refer to GP.
- **Pregnant women**. H_2 antagonists should not be taken in pregnancy, unless on a doctor's advice. It is wise to avoid antacids in the first trimester of pregnancy. Simple preparations are suitable in the second and third trimesters. Aluminium hydroxide is best avoided in women who tend to be constipated. While it is sensible for pregnant women to avoid preparations with a high sodium content, there should be no problems using the occasional dose of magnesium trisilicate mixture unless the woman has been told to restrict her sodium intake. Magnesium trisilicate reduces the absorption of iron. Heartburn in pregnancy may be due to reflux of alkaline contents from the small intestine; if antacids do not work, fruit juices with a high acid content may help.
- **Children under 12**. Children do not usually experience indigestion or heartburn, so these symptoms should be referred. Some antacids may be used for occasional stomach upsets in older children. H_2 antagonists should not be taken by children under 12. A child with abdominal pain, diarrhoea and vomiting will most likely be suffering from an infection which is best treated with fluid and electrolyte replacement. Persistent symptoms should be referred, as should any child who looks ill.
- **People who cannot tolerate milk products**. Symptoms of lactose intolerance include nausea, wind, bloating, cramping pains and diarrhoea which are linked with the consumption of milk or milk products. If other causes are excluded, customers may be advised to use lactase enzyme supplements instead of cutting out milk products.

Marginal concern

Although many businesses report some improvements in performance during the third quarter, pharmacists continue to point to decreasing margins as their greatest cause for concern

Sales during the third quarter of 1995 were comparable with last year, according to *Chemist & Druggist*'s Business Trends panellists, but margins continued to follow a downward trend, with 96 per cent reporting margins similar to, or lower than, last year's.

Just over half the panellists expected margins for October, November and December to be similar to last year, but 11 per cent predicted decreased profit levels for the final quarter.

Group branch shops, followed closely by independent outlets, recorded the highest incidence of reduced margins on balance. Outlets with a turnover of $1 million or more were most likely to experience declines in profit and outlets in the North East, Scotland and Wales suffered more.

Turnover

Sales of non-NHS prescription items in the third quarter fell compared to the second quarter: just over a third of respondents reported static sales in Q3, 32 per cent reported an increase in sales, while an equal number reported a decrease.

Most were cautious over prospects for the final quarter: 48 per cent of respondents believed sales would reach levels comparable with those of 1994, while a quarter believed they would be better and a quarter that they would be worse.

On balance, group head outlets reported higher sales than independent or group branch shops. Just under half of all panellists predicted sales volumes for the final quarter would be similar to 1994.

The majority of shops with turnovers of $500-900,000 and more than $1m recorded an increase in sales turnover compared with the same period last year. Stores with a turnover of $500-$999,000 were the most optimistic, with 37 per cent of retailers predicting better sales than in 1994.

Only outlets in the South West and Scotland experienced any real growth in the third quarter compared to last year. Retailers in the South East suffered most from declining sales. However, retailers predicted that Q4, 1995, will be fairly positive on balance for all regions except the South East, North East and Scotland.

NHS prescriptions

More than three-quarters of the panellists processed either a similar or a higher number of pre-

Continued on P897 ▶

Selling the business

Over a quarter of the panellists had been approached to sell their business during the third quarter. Over half the respondents in the South West had received such an offer.

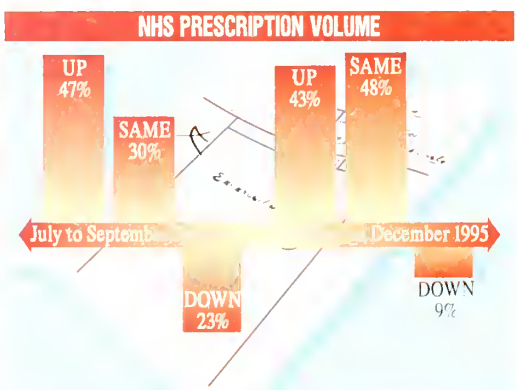
A third of group head shops had been approached for this reason, over a quarter of independents and just over a fifth of group branch shops. The two smallest turnover brackets (less than £350,000 and £350-£500,000) had the highest incidence of offers.

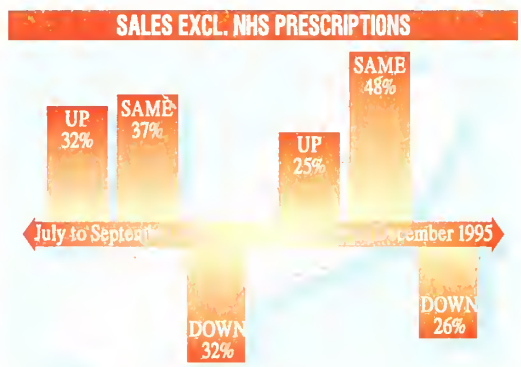
Over a third of those who received an offer for their business are still considering the offer. Seventy-one per cent of retailers in the North East are still thinking about accepting.

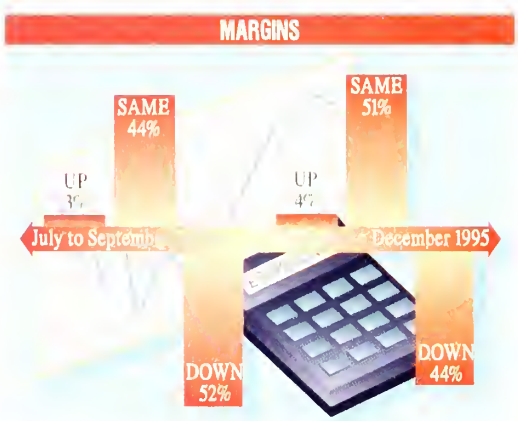
Over four-fifths of those who have already rejected the offer did so because the price was too low.

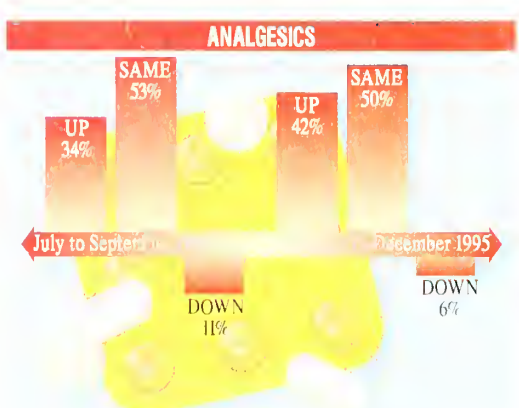
The vast majority of pharmacists (88 per cent) remained loyal to their wholesaler during the third quarter, although almost one-third of pharmacists in Wales and one-fifth of those in the South East and Scotland did change wholesaler.

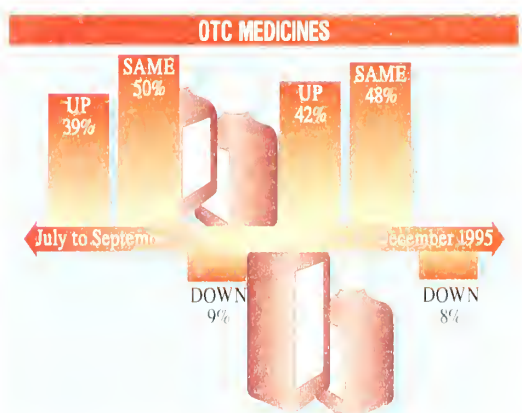
Eighty-seven per cent of those who did not change their wholesaler during the third quarter said they planned to remain with the same wholesaler until the end of the year.











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TOILETRIES

◀ *Continued from P895*

scriptions in the third quarter compared to the same time last year. Respondents predicted a rise in the number of NHS prescriptions handled in the fourth quarter with 91 per cent anticipating a higher or similar volume of scripts compared to 1994.

On balance, independent outlets processed more prescriptions from July to September than the same period last year, but more group branch shops anticipate increased business in the fourth quarter.

All areas, except for the South East, experienced some growth in sales of NHS medicines in the third quarter, but growth was particularly striking in the South West where 71 per cent of retailers reported an increase.

OTC sales

Sales of OTC medicines increased in the third quarter, with 39 per cent of respondents reporting an increase in turnover. Forty two per cent of respondents forecast an increase in sales for the fourth quarter.

Significant increases in sales of analgesics, indigestion/stomach upset remedies and photoprocessing were reported. However, there was diminished demand for fragrances, cosmetics and babycare products. Sales of cold remedies and toiletries also fell, but not to the same extent.

Nearly 60 per cent of panellists predicted that sales of cold remedies would rise significantly in the fourth quarter.

Pharmacists also predicted significantly increased demand for other medicinal products (OTC medicines, indigestion/stomach upset remedies, analgesics and vitamins) for the final three months of the year. Sales of fragrances were also expected to rise. However, only 10 per cent of retailers predicted that sales of babycare products and dressings/surgical/sampro items would increase in the fourth quarter: these are the lowest predictions for all the product categories.

Although retailers predicted a fall in cosmetics sales, there was less of a decline in the third quarter this year than last year, with group head shops suffering more than other types of outlet. Similar levels of sales are predicted for the fourth quarter.

Pharmacies in the South East and the North East experienced the most reduction in fragrance sales in the third quarter of 1995 compared to 1994, but over half of all pharmacies surveyed reported diminishing sales levels. One third of retailers saw toiletries sales fall in the third quarter, but over half reported similar levels to 1994. Most retailers believed that Q1 sales would match those in 1994.

Four-fifths of respondents recorded stock levels at similar or higher levels than last year. Half believed that Q4 stock levels will be comparable with those of 1994, with a further quarter predicting increased volume.

Employment in the sector has been stable compared with the same period in 1994. Wales has recruited the highest number of staff, and personnel levels declined most in the North East. For the final quarter of the year, 82 per cent of respondents predicted that employment levels would remain stable.

Optimism

More retailers are more optimistic about short- and long-term prospects for their own business than for the retail pharmacy sector and the retail sector as a whole. Almost a quarter of retailers are optimistic about their business prospects, both for the short- and long-term. However, three-quarters of respondents are pessimistic or have not changed their feelings for the prospects that are facing their own company.

Approximately 90 per cent of retailers are either pessimistic or report no change in their views on prospects for retail pharmacy and retail as a whole.

United Drug has record year

United Drug, parent company of Sangers, has turned in record results for the year ended September, 1995. Sales increased 27 per cent to IR$214 million ($1=IR$0.97), with pre-tax profits rising 15 per cent to IR$5.1m.

The company believes that customer service and the ability to forge strong relationships were the critical success factors in a "very satisfactory year".

In Northern Ireland, Sangers had a "highly successful" year, with sales up 35 per cent and profits up 44 per cent. Sangers Wholesale improved its market share and Sangers Distribution secured five new agency agreements during 1995 – with Fisons, Norgine, Convatec, Knoll and Elan Pharma.

Pemberton Marketing increased sales in each of its photographic, cosmetic and OTC pharmaceutical business areas.

In the Republic of Ireland, United Drug Distributors advanced strongly and "benefited from continued good performances from many of our principals' brands", says the company.

United Drug Wholesale achieved retail sales growth of 13 per cent and continued to develop its hospital business.

SB sells Ralgex and Diocalm

Smithkline Beecham has sold Ralgex and Diocalm to Seton Healthcare for $7.85 million.

In the 11 months to November 30, the two brands achieved gross profits of $1.4m on sales of $2.16m. SB has a wide gastrointestinal and analgesic product portfolio and is committed to focusing on products with global potential.

Ralgex and Diocalm "are non-core brands with sales confined largely to this country and would always have difficulty in getting adequate attention", says John Clarke, general manager, SB Consumer Healthcare.

The two brands are complementary to existing Seton Healthcare products: Ralgex complements Seton's established pharmacy and prescription brand, Transvasin cream, and the Diocalm range, which includes Replenish, complements its J Collis Browne's liquid.

Iain Cater, Seton's chief executive, says that the acquisitions "represent another significant step in building our portfolio of established healthcare brands and significantly increasing our market share in the topical analgesic and anti-diarrhoeal market segments".

Boots expands in Europe

Boots Contract Manufacturing has bought Croda International's cosmetics and toiletries businesses in France and Germany for an undisclosed sum, although City estimates place the purchase at around $6 million.

The Croda businesses, Croda Cosmetique France and Croda Kosmetik Deutschland, are valued at around $5.7m and have a turnover of about $17m.

John Watson, BCM's managing director, says: "The private label market in Europe is expanding rapidly ... We are gaining access to a good customer base, plus the advantage of additional manufacturing capability, while improving our distribution network in continental Europe."

Boots has been looking to expand into Europe for some time and further moves are still on the cards. Its contract manufacturing arm is the largest supplier of private label cosmetics and toiletries in Europe.

L'Oréal's Cosmair buys Maybelline

Cosmair, the US subsidiary of L'Oréal, has bought Maybelline, the US cosmetics company, for $332 million ($504m). L'Oréal has also bought Wasserstein Perella's 29 per cent share in the company.

Maybelline makes mass-market cosmetics for sale in the US, but its product line was withdrawn from the UK in 1989. Maybelline products will complement L'Oréal's cosmetic brands, which are higher priced, have more selective distribution and appeal to a different consumer.

Pharmacy drug purchases climb

Drug purchases by retail pharmacies in the UK are growing in line with the world market. Purchases rose by 8 per cent to $3 billion in the first nine months of the year compared to the same period last year.

According to a new report from IMS International, the UK was the second fastest-growing market in Europe, exceeded only by Spain.

Pharmacy sales slow

Pharmacists saw sales rise only slightly in November, after three months of marked growth, according to the CBI Distributive Trades Survey. Business was only average for the time of year. However, sales are expected to pick up sharply in December and business to be well above average.

Scotia makes its moves

Scotia Pharmaceuticals has completed its move to offices at Weyvern House, Weyvern Park, Portsmouth Road, Peasmarsh, Guildford, Surrey GU3 1NA (tel: 01483 402600/fax: 01483 402680). The company has also completed the first stage of its move to offices in Scotia House, Castle Business Park, Stirling, Scotland FK9 4TZ.

● Scotia Holdings and the Scottish Agricultural College have been awarded a £122,000 grant from the DTI's Teaching Company Scheme. The money will enable two post-doctoral students to work at Scotia's Development and Technology Centre in Carlisle.

UK Prix Galien

The shortlist for this year's UK Prix Galien Most Innovative Drug Product includes Genentech and Roche Products' Pulmozyme, Schering Plough's Viraferon, Glaxo Wellcome's Lamictal, Merck Sharpe & Dohme's Cozaar, Janssen-Cilag's Risperdal and Fujisawa's Prograf. This year an award will also be presented to the Most Innovative Researcher.

Glaxo appeal

Glaxo is appealing this week against a High Court ruling that allows the Inland Revenue to investigate its tax affairs prior to 1986.

Celltech shares drop

Celltech shares dropped last week after the group announced steady progress with its drug trials and a pre-tax loss of £5.4 million for the year to September. This loss was ahead of the company's expectations and despite a significant increase in R&D investment to £17.1m.

Ceuta's new division

Ceuta Healthcare is adding a new division, Ceuta Management Consultancy, to its business in January. The division will carry out projects for overseas- and UK-based companies. The new division will be headed by Annette D'Abreo and Edwin Bessant.

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TRADE LESS 20%+VAT - 10 Glucostix (exp 2/96), 6 Flixotide accuhaler, Syntaris nasal spray, 5 Aerobec autohaler 50, 12 Becloforte integral refill. Tel: 0181-349 2909.

TRADE LESS 30%+VAT - 1x56 Molipaxin 100mg (exp 5/99), 2.90 Trental 400mg (exp 4/96), 1x84 Sectral 100mg (exp 10/96), 9x20x4ml Duovent udvs (exp 10/96), 1x56 Surgam S/A (exp 4/96, 1x56 Surgam 300mg (exp 5/98), plus others. Tel: 0181-394 0151.

FOR SALE

MEDIPHASE PMR SYSTEM - Complete system with two printers, fully maintained, £500 ono. Tel: 0161-748 2438.

LINK 2 COMPUTER - With patient records, Epson FX85 printer with spare ribbon, Microsoft Works also installed. Delivery via AAH van to your pharmacy or collect £600. Tel: 01684 540246.

FULL 1 HR MINI-LAB - (A work horse) Polaroid camera with "A" boards, many shop fittings. Tel: 0181-866 7524.

PHOTO PROCESSOR - Photo-Me imager 135RA surplus to requirements, virtually new, with free transport installation and training by Photo-Me International plc, also basic marketing package, price by negotiation. Tel: 01453 882146.

RICHARDSON SANYO - PMR computer system complete with VDU, printer, modem, keyboard, manual and all back-up disks. Best offer over £50 secures all. Tel: Mike 0191 2577651.

COMPLETE SHOPFITTINGS - Including dispensary, wall units, counters, gondolas (2), lockable perfume cases, dispensing bench with cupboards, drawers and shelf units, CD cupboard etc. Available February - offers Tel: 01749 677522.

WANTED

URGENTLY REQUIRED - Minimum 60ft run of second-hand shelving plus gondolas for shop forced to make a temporary relocation. Can collect Tel: Day 01854 612114, evening 01854 612503.

CREON CAPS - Sandimmun caps any strength, Eprex 4,000iu inj, Celance 0.25mg, Lamictal 25mg disp, Biotrol Elite 32-830. Tel: 01708 524015.

CONVATEC S312, S320, S353 - Biotrol Elite 328-35, Coloplast MC 5740. Tel: 01963 250259.

MOGADON CAPS - Date unimportant, any quantity. Tel: 01273 682618.

SHOPFITTINGS

LEXDRUM STOREFITTERS

COMPREHENSIVE SHOPFITTING SERVICE OFFERING COMPETITIVE PRICED INSTALLATIONS FOR THE RETAIL PHARMACY.

FROM LOW BUDGET REFURBISHMENTS TO INDIVIDUAL UP MARKET IMAGES.

01626-834077

SPECIAL MANUFACTURERS

Manufacturers of Special Pharmaceutical Products

Bespoked Tailors of Pharmaceuticals offering

A TRADITIONAL SPECIALS SERVICE

for that "specials" patient cared for by that special professional

Where confidence in quality and price is a must and where the minimum order value is ONE.

Contact Karol Pazik, Director, on 01296 394142.
Mandeville Medicines, The Specialists in Specials.
For sterile, non-sterile and assembled specials, clinical trials supplies and a free help line.

THE LAST ISSUE OF 1995 WILL BE COMBINED 23/30 DECEMBER. CLASSIFIED DEADLINE WILL BE TUESDAY 19 DECEMBER 4PM

STOCK FOR SALE

FOR SALE

PERFUMES AFTERSHAVES

Quantities of top brands

Fax: 0181 752 1262 for a list

STOCK WANTED

WANTED

Old chemist shop fittings, drug runs, bow cabinets etc.
Complete shop interiors purchased. We try hardest, travel furthest, pay more.
Telephone 01327 349249
Eves 341192
Fax: 01327 349397

BUSINESSlink

A FREE Service for Chemist & Druggist Subscribers

Free entries in "Business Link" (maximum 30 words) are restricted to community pharmacist subscribers to *Chemist & Druggist*. No trade advertisements will be permitted. Acceptance is at the discretion of the Publishers and depends upon space being available. Send proposed wording to "Business Link" using the form printed alongside.

Appointments, situations wanted, and businesses for sale will be incorporated as lineage advertisements under the appropriate Classified headings.

To: Business Link, CHEMIST & DRUGGIST, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW.

PLEASE COMPLETE IN BLOCK CAPITALS

Surname .....

First names .....

Address .....

..... Postcode .....

Personal RPSGB Registration number .....

Telephone Number .....

Proposed advertisement copy (maximum 30 words)

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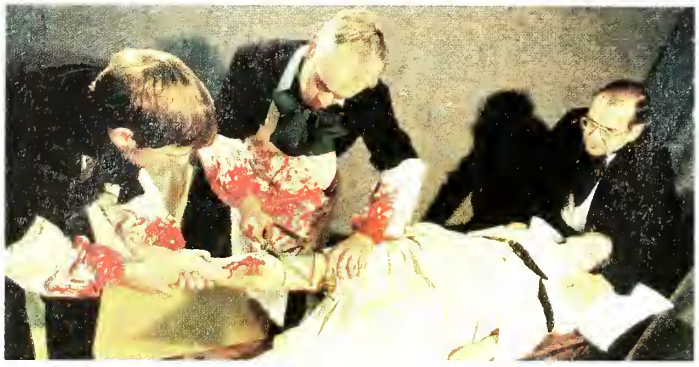
THE *CHEMIST & DRUGGIST* TEAM WOULD LIKE TO WISH ALL OUR READERS A HAPPY CHRISTMAS & A PROSPEROUS NEW YEAR

ABOUTpeople



Cash for medicine museum

Healthcare through the ages will be brought to life in Yorkshire's Thackray Medical Museum, thanks to a £3 million injection from the Heritage Lottery Fund.

The Lottery money adds to the £1.7m raised by the museum, which is housed in a former workhouse in Leeds (now part of St James's University Hospital). It is due to open at Easter, 1997.

Pharmacy will be featured in 'Bugs to Drugs', where old artefacts and remedies will be laid out alongside Prince Albert's medical chest and an exhibition on wound management.

The museum also includes a mock amputation from the 1800s and a reconstructed back street in Leeds to show how living conditions affected health.

The idea for the museum came from Paul Thackray, the grandson of Charles Frederick Thackray, who opened a pharmacy opposite the Leeds General Infirmary in 1902.

Brian Gill (left), md of Juvela scientific hospital supplies, with pharmacist John Mills

Anyone for coffee?

It was coffees all round when staff at J & E Mills in Rossendale, Lancashire, won the 1995 Juvela Quality Service Award.

Pharmacist John Mills accepted a plaque and a coffee-maker on a VIP trip to Juvela's headquarters in Liverpool.

The pharmacy was nominated by a customer who suffers from coeliac disease. Second pharmacist Martin Hanson says: "We always try and provide a friendly and efficient service."

Pharmacist tutor Robert Marr of Macalpine Pharmacy, Dundee, looks on proudly as 22 Tayside pharmacy assistants receive their certificates for completing MCA 2 and two supplementary modules. The presentation was held at Ninewells Hospital, Dundee

Moss on to a winner

The 1995 Moss Assistant of the Year award has gone to Halina Smith, who works in the company's Bradford branch.

The competition involved a series of product knowledge questions, giving advice to a 'mystery shopper' and regional heats, which culminated in the national final.

Mrs Smith (centre) was presented with a certificate, champagne and camcorder by Moss retail operations director Caryl Webb and John Taylor, sales director of sponsor Warner Wellcome.

● At the same ceremony, Mencap was presented with a £20,000 cheque, raised by Moss staff and customers in branches throughout the country.

APPOINTMENTS

Unichem has two new regional general managers. **Julian Streeter** has been promoted from deputy general manager to general manager of the Preston branch, replacing **Joe Harris**, who is now head of field operations. The new general manager for the Livingston branch is **Alan Ker**, taking over from **Brian Herron**, who has moved to the company's South Normanton branch. Mr Ker has been promoted from sales development controller at head office.

Alan Ker: new general manager

Julian Streeter: Unichem move

Stewart Sidall CBE, formerly president of the Association of the British Pharmaceutical Industry, has joined the board of Axis Genetics in the capacity of a non-executive director.

World Ski Cup to be held in March

The next World Ski Cup for Pharmacists and Doctors will be at Madonna di Campiglio, Italy, from March 24-31, 1996.

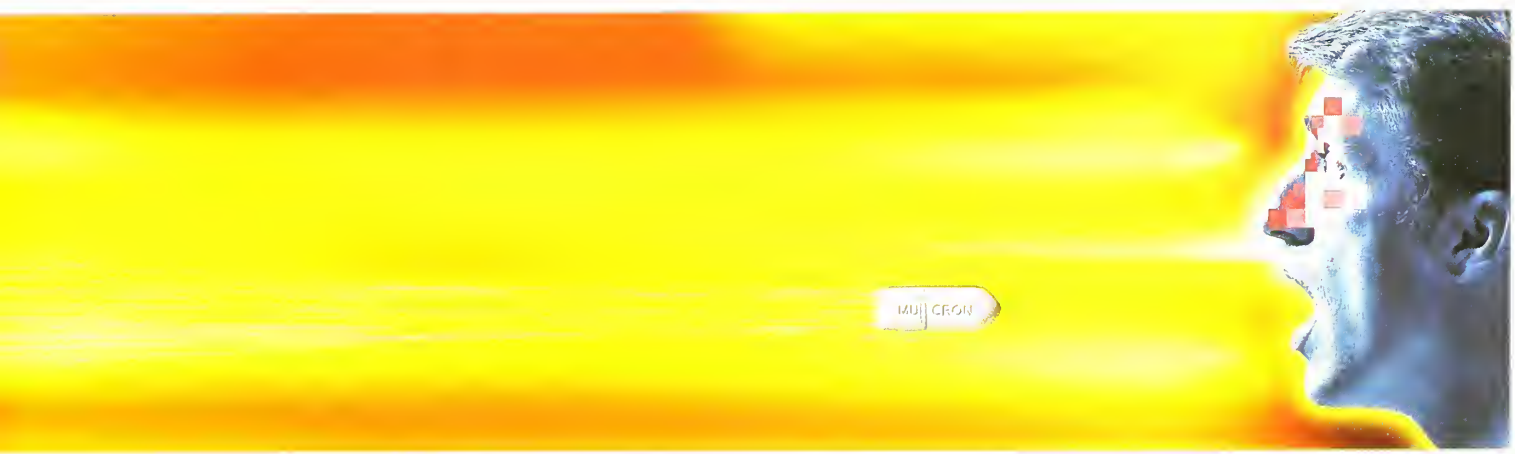
The pharmacists' races – slalom, giant slalom, super G and cross-country – will be between March 27-31.

Details of three-, four- and seven-day accommodation packages (excluding travel) are available from Campiglio Holidays, Viale Dolomiti di Brenta 50, I-38084 Madonna di Campiglio TN, Italy (tel: 0039 465 442222/fax 0039 465 440408).

COMING EVENTS

TUESDAY, DECEMBER 19
East Metropolitan Branch, RPSGB
Wanstead Library, Spratt Hall Road, Wanstead, London E11, 7.30 for 8pm. 'Pharmacy in a New Age' with Barry Shooter, CPPE tutor and New Age facilitator; and Council members David Allen and Hemant Patel. Pre-regs are invited to a special reception at 6.45pm.

Put congestion sufferers out of their misery



Colds. Flu. Catarrh. There is no more powerful OTC decongestant tablet than The Mighty Mu-Cron. We'll be showing just how powerful in our hard-hitting new TV campaign starting on Boxing Day. Make sure your customers get the message from you as well.

THE MIGHTY
MU·CRON
Decongestant with Paracetamol

Fast relief from
- colds & flu
- sinus pain
- catarrh

Zyma Healthcare

PRESENTATION Each tablet contains 500mg Paracetamol BP and 25mg Phenylpropanolamine Hydrochloride BP Uses For the relief of sinus pain, nasal congestion and catarrh For the symptomatic relief of influenza, feverishness and feverish colds Dosage and Administration Adults and children over 12 years One tablet up to four times daily, allowing four hours between doses The maximum daily dose is four tablets Contra-indications, Warnings, etc Contra-indications Severe heart disease, hyperthyroidism, diabetes, high fever Patients with hypertension or receiving antihypertensive medication Use during, or within 2 weeks of stopping, therapy with Monoamine Oxidase Inhibitors Concomitant treatment with sympathomimetic agents. Precautions Caution in patients with angle closure glaucoma, prostate enlargement, during pregnancy or those receiving continual prescribed medication Legal Category P Product Licence No 0001/0110 Distributed by Zyma Healthcare, Holmwood RH5 4NU Retail Price 12s £2.18, 30s £3.67 Date of preparation November 1995

ZYMA HEALTHCARE IS PART OF THE CIBA GROUP

Mu-Cron is a registered trademark 1195/MUC

THE BIGGEST NEWS FOR EARS IN YEARS

- Otex is now the undisputed brand leader amongst proprietary ear wax preparations.
- The total value of the ear wax market has grown a staggering 37% since Otex was launched.
- In-pack survey results show 9 out of 10 users find Otex effective.
- Almost 90% of Otex purchasers surveyed said they would buy Otex again.

And here's why...Otex has a unique, dual-action formula that not only softens hardened ear wax but then goes on to help it fragment and disperse. Otex is clinically proven to reduce the need for syringing.

With a massive, new national TV and press campaign scheduled for this year, it can only mean one thing ... even bigger news for your pharmacy sales.

Otex®
EAR DROPS
urea hydrogen peroxide

CLINICALLY PROVEN TO DISPERSE EAR WAX AND REDUCE THE NEED FOR SYRINGING

OTEX Registered Trademark and Product Licence held by Diomed Developments Ltd., Hitchin, UK. Distributed by DDD Ltd., 94 Rickmansworth Road, Watford, Herts, WD1 7JJ. **Active Ingredient:** 5.0% w/w Urea hydrogen peroxide. **Directions:** Tilt head, and gently squeeze 5 drops into ear. Leave for a few minutes and then wipe surplus with tissue. Repeat once or twice daily for approximately 3-4 days or until symptoms clear. **Indications:** For the removal of hardened ear wax. **Precautions:** Do not use if sensitive to ingredients, if ear drum is damaged, if there is any other ear disorder (such as inflammation), or if any other preparation is being used in the ear. If in doubt, or if there is a history of ear problems, seek medical advice before use. Keep away from eyes. If irritation or pain occurs during use, or if symptoms persist, stop treatment and consult your doctor. Keep all medicines out of the reach of children. FOR EXTERNAL USE ONLY **Legal category:** P **Packs:** Bottles of 8 ml (PL 0173/0151), price £3.25. 4/95.